

Case Number:	CM15-0192412		
Date Assigned:	10/06/2015	Date of Injury:	06/15/2012
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 6-15-12. The injured worker has complaints of neck pain, right shoulders and arm pain that is sharp, tight, shooting pain. The injured worker rates her pain to be a 7 out of 10. The injured worker reports that she has tried medications but those have worn off and she is reporting that she is taking four norco a day and a muscle relaxer. Observation of the neck identifies normal coronal and sagittal plane alignment and there is tender to palpation in the neck back at midline and paraspinal. Spinal range of motion is not full and hindered secondary to pain. Straight leg raise test is negative. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included physical therapy; injections; braces; metaxalone; soma; ibuprofen; docqlace and flexeril. Cervical spine X-rays revealed disc degenerative change at C5-6 and disc height loss and anterior spurring. Lumbar X-rays revealed largely normal findings with minimal spondylosis present. The original utilization review (9-4-15) non-certified the request for one (1) cervical epidural steroid injection to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) cervical epidural steroid injection to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in June 2012 when she developed neck, shoulder, and arm pain while working in collections. When seen, she was taking Norco 4 times per day and a muscle relaxer. She had a chief complaint of right shoulder pain. She had pain radiating into the legs. There was cervical tenderness with full range of motion and negative Spurling's testing. There was a normal neurological examination. Recommendations included a cervical spine MRI and epidural steroid injection. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. Imaging was requested and there are no reported corroborating prior MRI scan or electrodiagnostic results. The requested epidural steroid injection is not considered medically necessary.