

Case Number:	CM15-0024527		
Date Assigned:	02/17/2015	Date of Injury:	06/10/2012
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old female who sustained a work related injury June 10, 2012. While performing her work duties of typing and sitting for 10-16 hours/day, she developed pain in the bilateral trapezius region and the cervical spine with radiation to both hands followed by numbness. According to a physician's progress report dated January 23, 2015, the injured worker presented with neck pain and upper extremity numbness and tingling. The neck pain is rated 6/10 and described as sharp, shooting, tight and spasm like with associated numbness and tingling down the fourth and fifth digit of the right hand and down the index finger on the left. There is some radiating pain into the thoracic spine. On physical exam; limited lateral flexion rotation 10 degrees on the right and palpable myofascial spasm in the cervical region. Strength is measured 5/5 in the upper extremities and sensation is intact. Impression is documented as cervical disc protrusion and annular tear; cervical radiculitis and myofascial spasm and trigger points. Recommendations included request for cervical epidural injection and the use of a posture shirt for posture training. Work status is documented as unrestricted. According to utilization review dated February 5, 2015, the request for C7-T1 Interlaminar Epidural Injection under Fluoroscopy is non-certified. The request for a Posture Shirt is non-certified. Of note, there were no specific guidelines cited for the requests. The request had been denied in a previous utilization review January 16, 2015, citing ODG (Official Disability Guidelines) for the Epidural Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Interlaminar Epidural Injection Under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with neck pain, upper extremity pain. The treater has asked for C7-T1 INTERLAMINAR EPIDURAL INJECTION UNDER FLUROSCOPY on 1/23/15. The patient has not had a prior epidural steroid injection. A prior cervical MRI dated 4/17/13 showed "posterior fossa contents and spinal cord are unremarkable. No chiari malformation. Loss of intervertebral disc height and disc desiccation changes seen at C5-6 and C6-7 levels with straightening of the normal cervical spine lodosis. No prevertebral soft tissue abnormalities seen." Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. The patient is currently working full time. In this case, the patient has chronic neck pain. Although there is radicular pain, the physical exam do not show any findings confirming radiculopathy, sensory or motor changes, or deep tendon reflex changes. The treater does not discuss MRI findings or any potential nerve root lesions that may benefit from an ESI. Review of the MRI report does not show any nerve root lesions either. No EMG/NCV studies are provided showing a diagnosis of radiculopathy. According to MTUS, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." The requested epidural cervical spine Is NOT medically necessary.

Posture Shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, IntelliSkin Posture Shirt.

Decision rationale: This patient presents with neck pain and upper extremity pain. The treater has asked for POSTURE SHIRT on 1/23/15 "for posture training." Regarding posture garments, ODG states they are not recommended as a treatment for shoulder pain. ODG states: "IntelliSkin posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less pain, according to marketing materials. There are no quality published studies to support these claims." The patient is currently working full time. In this case, the patient has chronic neck and upper extremity pain, and the treater has asked for a posture shirt for posture training. ODG does not recommend

posture shirts, as there is no quality research to support its usage. The request IS NOT medically necessary.