

Case Number:	CM15-0031778		
Date Assigned:	02/25/2015	Date of Injury:	12/29/2008
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

This 52 year old female sustained a work related injury on 12/29/2008. According to a progress report dated 01/26/2015, the injured worker was seen for neck pain and right shoulder pain. Pain was rated 7 with medication on a scale of 1-10 and without medications, pain was rated 9. Pain had been increased especially at night. She felt that she had needed more Norco. Diagnoses included cervical radiculopathy, cervical facet syndrome, shoulder pain and spasm of muscle. According to the provider, history and physical examination was consistent with cervical radiculopathy with objective findings on physical examination including decreased sensation in the C5-C6 dermatomes and positive MRI and electromyography findings, cervical facet syndrome with objective physical findings, cervical strain with tenderness to palpation over the lumbar paraspinal muscles with trigger point noted and right shoulder impingement syndrome status post right shoulder arthroscopic surgery dated 07/27/2004 and manipulation under anesthesia on 04/26/2010. Pain was increased since her last visit, but she was overall stable. The provider requested a Cervical Epidural Steroid Injection (CESI). Per the previous visit, the injured worker had deferred this procedure because the previous injection caused her to have popping in her ear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. In addition, the patient had previous ESIs without clear documentation of functional improvement. Therefore, the request for epidural steroid injection at C7-T1 is not medically necessary.