

Case Number:	CM15-0048308		
Date Assigned:	03/20/2015	Date of Injury:	06/27/2008
Decision Date:	04/24/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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 54 year old female, who sustained an industrial injury on 6/27/2008. She reported slipping and falling backwards, grabbing something with her right hand, injuring her right shoulder. She reported pain in her neck and shoulder. The injured worker was diagnosed as having cervicalgia. Treatment to date has included magnetic resonance imaging of the cervical spine (4/14/2011), cervical epidural steroid injection (9/17/2013), physical therapy, and medications. The injured worker reported 60% relief from last right shoulder injection for three months. Currently, the injured worker complains of pain in her neck, right upper extremity, and low back. She reported that the use of medications provided an appreciable amount of pain relief. Current medications included Topamax, Lansoprazole, Cyclobenzaprine, Etodolac, Norco, Nortriptyline, Simvastatin, Atenolol, and Metformin. Musculoskeletal exam revealed tenderness to palpation and palpable taut bands in the regions of her described areas of pain. Soft tissue dysfunction and spasm were present in the cervical paraspinal, suprascapular, upper extremity, and rhomboid region. She appeared to have evidence of cervical dystonia and a notable head tilt. A Romberg test was abnormal. Cervical trigger point injection (TPI) was administered. The treatment plan included right shoulder TPI with next visit, physical therapy, right C7-T1 transforaminal epidural steroid injection, acupuncture, and transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C7-T1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant is nearly 7 years status post work-related injury and continues to be treated for chronic neck, back, and right upper extremity pain. Treatments have included an anterior cervical decompression and fusion with imaging in April 2011 negative for neural compromise. Treatments have included previous injections, including a cervical epidural steroid injection. The requesting provider documents pain relief with various injections. Physical examination findings do not suggest a diagnosis of radiculopathy. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, none of these is met and therefore the requested cervical epidural injection is not medically necessary.