

Case Number:	CM15-0051393		
Date Assigned:	03/24/2015	Date of Injury:	02/04/2014
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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:

The injured worker is a 51 year old female, who sustained an industrial injury on 2/4/14. She has reported getting hit in the face with a soccer ball and having cervical pain. The diagnoses have included cervicgia and brachial neuritis/radiculitis. Treatment to date has included medications, diagnostics, pain management, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/13/15, the injured worker complains of constant pain in the cervical spine that radiates to the right arm and accompanied by numbness and tingling. She states that the pain increases as the day goes on. The progress note documented that a Magnetic Resonance Imaging (MRI) of the cervical spine was done on 10/9/14 and revealed disc osteophyte complex and foramen narrowing. The current medications included Norco, Soma and Naproxen. Physical exam of the cervical spine revealed decreased range of motion with pain, positive Spurling's test, and trigger points over the bilateral trapezius. The physician requested treatment included Epidural steroid injection, cervical spine C4-C6, quantity of two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, cervical spine C4-C6, qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Epidural steroid injection, cervical spine C4-C6, qty: 2 is not medically necessary.