

Case Number:	CM15-0057067		
Date Assigned:	04/01/2015	Date of Injury:	04/20/1998
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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 57 year old male, who sustained an industrial injury on 04/20/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having spasm of muscle, displacement of cervical intervertebral disc without myelopathy, and other specified disorders of bursae and tendons of the shoulder. Treatment to date has included medication regimen, personal trainer sessions, chiropractic treatment, and physical therapy. In a progress note dated 01/12/2015 the treating physician reports complaints of worsening neck pain, an increase in left upper extremity tremor and shaking, and a pain rating of a six out of ten. The treating physician requested cervical epidural steroid injection with bilateral cervical four to seven cervical facets noting that he had a 90% pain relief with both of the procedures provided together and with a lasting effect of more than three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral MBNB at C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

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), Facet joint therapeutic steroid injections.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck pain with left upper extremity radiating symptoms. Being requested is authorization for a cervical epidural steroid injection and therapeutic facet injections to be performed at the same visit. When seen, he had decreased cervical spine range of motion with pain, facet joint tenderness, and decreased upper extremity strength and sensation. Guidelines recommend against therapeutic cervical facet injections. However, if used they be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. In this case, the claimant has radicular symptoms and findings of radiculopathy and the number of levels requested is in excess of that recommended. The request is therefore not medically necessary.