

Case Number:	CM15-0062489		
Date Assigned:	04/08/2015	Date of Injury:	03/12/2012
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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 30 year old female, who sustained an industrial injury on 3/12/12. The injured worker has complaints of neck and lower back pain. The pain is characterized as aching, pricking and throbbing that radiates to the right shoulder, right arm an, right elbow and right forearm, right and right index finger and little finger. The diagnoses have included brachial neuritis or radiculitis not otherwise specified; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; chronic pain syndrome and myalgia and myositis not otherwise specified. Treatment to date has included cervical spine magnetic resonance imaging (MRI); physical therapy; lumbar spine X-rays; transcutaneous electrical nerve stimulation unit and medications. The request was for cervical epidural steroid injection at C5-6 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to MTUS guidelines, 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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Cervical epidural steroid injection at C5-6 for the cervical spine is not medically necessary.