

Case Number:	CM15-0088462		
Date Assigned:	05/12/2015	Date of Injury:	03/17/2014
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 36 year old female who sustained an industrial injury on 03/17/2014. Mechanism of injury was cumulative motion as a machine operator using a magnifying glass and 3D lamp on verifying that all products would pass quality control. Diagnoses include cervical disc displacement with radiculopathy, cervical radiculopathy, cervical spine sprain/strain, eye pain, insomnia, anxiety and depression. Treatment to date has included diagnostic studies, medications, acupuncture, and exercises. A physician progress note dated 03/23/2015 documents the injured worker has dull aching pain in her neck rated as 7 out of 10 without medications and 5 out of 10 with medications. The neck pain is associated with radiating pain, numbness and tingling to the upper extremities, more on the left side. She has dull aching pain in both shoulders, more on the left side. Pain is rated as 8 out of 10 without medication, and 5-6 out of 10 with medications. She has pain in both eyes rated at 3 out of 10 without medications, and at 1 out of 10 with medications. She complains of loss of sleep due to pain, anxiety and depression. The cervical spine is tender and there is myospasm palpable over the bilateral paracervical muscles and bilateral trapezius muscles. Spurling's and Cervical Distraction test are bilaterally positive. There is decreased cervical range of motion in all planes due to end range neck pain. There is tenderness palpable over the bilateral acromioclavicular joints, subacromial regions, greater tubercles, as well as tenderness and myospasm palpable over the bilateral rotator cuff muscles. Impingement and Supraspinatus tests are both positive in the shoulder bilaterally. There is decreased shoulder range of motion in all planes. A Magnetic Resonance Imaging of the cervical spine done on 04/21/2014 reveals straightening of the cervical spine, early disc

desiccation noted at C2-3, to C6-7 levels, C3-4 diffuse disc protrusion effacing thecal sac, unremarkable C4 exiting nerve roots, C4-5 diffuse disc protrusion effacing thecal sac, unremarkable C5 exiting nerve roots, and C5-6 diffuse disc protrusion effacing thecal sac, unremarkable C6 exiting nerve roots. Treatment requested is for cervical epidural steroid injection at C5-C6 under fluoroscopy and IV sedation.

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-C6 under fluoroscopy and IV sedation: 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), Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case there is insufficient documentation on physical examination to support the diagnosis of cervical radiculopathy. In addition, there is no corroboration by imaging or electrodiagnostic studies. The request is not medically necessary and should not be authorized.