

Case Number:	CM14-0215823		
Date Assigned:	01/05/2015	Date of Injury:	01/04/2008
Decision Date:	02/23/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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:

This is a 64-year-old female worker with a work related injury dated January 4, 2008 resulting in injury to the neck, thoracic and bilateral shoulders. The physician's visit dated November 13, 2014; the worker was being evaluated for ongoing shoulder pain. Shoulder pain was rated a nine on a scale of ten and was described as aching, constant, sharp and stabbing. Associated symptoms included numbness in the right and left arm. Back extension, flexion and stretching were reported to worsen the pain. The worker also complained of cervical pain rated a ten and described as aching burning, pressure, pulling, sharp, stabbing and throbbing. Associated symptoms with this pain included back stiffness, radicular pain along with weakness in the right and left arm. There was also neck pain rated eight and worsened with turning to both the left and right. Physical exam was remarkable for right shoulder and biceps with decreased strength of four on a scale of five and decreased range of motion of the right shoulder, showing likely adhesive capsulitis with abduction and anterior elevation. There was also point tenderness along the acromioclavicular joint and decreased strength with range of motion. Palpation of the neck revealed slight tenderness to palpation over the C2-3, C3-4 and C5-6 facet capsules, right secondary myofascial pain with triggering, ropey fibrotic banding and spasm. There was pain with rotational extension, positive Sperlings maneuver right, positive maximal foraminal compression testing right. Diagnosis included depression, anxiety, left adhesive capsulitis, impingement syndrome right shoulder, cervical and thoracic strain/sprain and worsening bilateral shoulder pain. The worker was documented as totally disable at this visit. An authorization request dated November 19, 2014 requested a trial of a cervical epidural steroid injection at the

C7 and T1 The UR decision dated November 26, 2014 non-certified the request for a trial of a cervical epidural steroid injection at the C7 and T1. The decision was based on the CM MTUS guidelines for epidural steroid injections, which require documented physical examination findings consistent with radiculopathy, corroboration of radiculopathy by imaging or electro-diagnostic testing along with a failed trial of conservative treatments including physical therapy. The documentation reviewed did not contain original imaging reports or documentation of a physical therapy trial, therefore the request was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of a cervical epidural steroid injection C7-T1 Interlaminar Approach: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

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. Furthermore, the patient recently received cervical epidural injection without documentation of the results of this injection. In his recent request, the provider did not document any signs of radiculopathy at the cervical level. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections. for neck pain without radiculopathy. Therefore, the request for Cervical Epidural Steroid Injection at the C7 and T1. is not medically necessary.