

Case Number:	CM14-0215897		
Date Assigned:	01/05/2015	Date of Injury:	09/14/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
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 York
 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 (IW) is a 60 year old female, who was injured on the job, September 14, 2012. According to the progress notes, the injured worker suffers with neck and shoulder pain from repetitive motion, constant lifting, turning, stooping, and reaching. The injured worker was totally temporary disabled, due to work restrictions that included no lifting, pushing, or pulling over 15 pounds. A progress note dated November 25, 2014 states the IW is pleased with her recent physical therapy. Exam finding document normal and bilaterally equal reflexes, no limitations of range of motion in the right shoulder, pain and limited range of motion in the cervical spine, and a normal sensory examination except for diminished sensation over the radial forearm and right thumb. According to the progress note of December 4, 2014, the IW has tried medication, physical therapy for the shoulder, exercise, TENS unit, heat and ice treatments for pain relief. The injured worker was diagnosed with cervical spondylosis, cervicgia, cervicobrachial syndrome and spondylosis of the neck. The injured worker rates the severity of pain as moderate 60-95% of the time. The MRI of the cervical spine showed mild spinal stenosis from C4-C5 through C6-7. At C6-7 there was focal cord edema/myelomalacia. The study also showed foraminal stenosis moderate to severe bilateral at C5-6 and bilateral at C6-7. The shoulder MRI showed supraspinatus and subscapularis tendinosis with articular-sided partial thickness tear of the subscapularis as well as the subdeltoid bursitis. The findings were concerning for subacromial impingement. According to the progress notes, the IW's pain had not changed with physical therapy, but she was gaining strength and range of motion. The physician's plan was to continue physical therapy, Ultracet and flexeril at night and request a

nerve block for C5-C6 and C6-C7. On December 4, 2014, the UR denied authorization of a right selective nerve block at the C5-C6 and C6-C7 levels under fluoroscopic guidance. The denial was based on the MTUS guidelines for Chronic Pain, Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Selective Nerve Block at the C5-C6 and C6-C7 Levels under Fluoroscopic Guidance: Upheld

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

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

Decision rationale: According CA MTUS guideline, epidural steroid injections are used to reduce inflammation and pain, thereby improving range of motion and active treatments. Criteria for steroid injections include failed conservative measures as well as physical examination and diagnostic studies which both support radicular studies. In this case, the IW's physical examination findings show mild radicular findings with subjective decrease in sensation without findings of muscle strength loss. MRI imaging did not definitively support these finding and electromyogram studies were not conducted. Additionally, documentation stated the IW was gaining strength and range of motion from her physical therapy treatments, supporting improvement with conservative therapies. The request is not medically necessary.