MAXIMUS Federal Services

Case Number:	CM15-0101504		
Date Assigned:	06/03/2015	Date of Injury:	03/31/2014
Decision Date:	07/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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, Alabama, 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 58 year old male, who sustained an industrial injury on 03/31/2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/29/2015 the injured worker has to be status post cervical epidural steroid injections. The diagnosis of foraminal stenosis mainly going down into the right arm. Reporting almost 100% relief and was noted to be working full time. On examination of the injured worker there was tightness noted at the paraspinal muscles bilaterally, pain to palpation over the right trapezius,and right paraspinal muscles and C5, C6 and C7. Range of motion was noted as decreased. Shoulders were noted to have no tenderness to palpation but a restricted range of motion was noted. The diagnoses have included cervical disc herniation, cervical radiculopathy and cervical myospasm and myofascitis. Treatment to date has included injections, acupuncture, physical therapy and medication. The provider requested Cervical Epidural Steroid Injection at C7-T1.

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 C7-T1: Upheld

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

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. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy (309). Therefore, the request for Cervical Epidural Steroid Injection at C7-T1 is not medically necessary.