

Case Number:	CM15-0102830		
Date Assigned:	06/05/2015	Date of Injury:	08/06/2007
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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 48-year-old, male who sustained a work related injury on 8/6/07. He was struck on the head by falling merchandise. He injured his neck and left shoulder. The diagnoses have included status post cervical fusion, cervical radiculitis and chronic cervical neck pain. Treatments have included oral medications; topical pain cream, home exercise, cervical left stellate ganglion block, chiropractic treatments, and cervical surgery. In the PR-2 dated 4/8/15, the injured worker complains of occasional weakness of the left upper arm. He has tenderness to palpation of lower cervical paraspinals. He has some decreased range of motion in neck. He obtained significant pain relief from previous cervical injection. His pain level went from 6-7/10 to 3/10 within a couple of days. It lasted approximately 1 1/2-2 months. The treatment plan includes a request for a cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid injection left C6-C7: 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
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 electro diagnostic 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 documentation in the medical record is insufficient to support the diagnosis of radiculopathy. In addition, there is no corroboration by imaging or electro diagnostic studies. Criteria for EDI have not been met. The request should not be medically necessary.