

Case Number:	CM15-0110938		
Date Assigned:	06/17/2015	Date of Injury:	08/23/2013
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female sustained an industrial injury to the neck on 8/23/13. Previous treatment included magnetic resonance imaging, epidural steroid injections and medications. In a progress note dated 3/23/15, the injured worker was status post cervical spine epidural steroid injection #2 on 11/22/14. The injured worker reported significant improvement in her neck pain that allowed her to function and return to work with restrictions following the injection. At the time of the exam, the pain had returned and increased to 6-7/10 on the visual analog scale from a 3-4/10. In a progress note dated 4/27/15, the injured worker complained of cervical spine pain with radiation to bilateral arms and headaches. The injured worker reported that the pain also radiated to the upper back and that arm symptoms were worsening. Physical exam was remarkable for tightness, spasm and guarding of the cervical spine muscles with decreased range of motion, positive foraminal compression test and positive Spurling's test, left arm from shoulder to crease at C5 and lateral aspect of the forearm, thumb and forefinger at C7 with 3/5 motor strength, left shoulder with positive impingement and decreased range of motion with tenderness to palpation over the greater tuberosity and subacromial grinding and clicking and atrophy of the rotator cuff muscles and left wrist and hand with decreased range of motion and positive Tinel's and Phalen's. Current diagnoses included cervical spine sprain/strain, herniated cervical disc with radiculitis, left shoulder sprain/strain with tendinitis and impingement, left wrist sprain/strain and left hand sprain/strain, rule out carpal tunnel syndrome. The treatment plan included epidural steroid injections at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C5-6, C6-7 2nd set: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for radiating neck pain. When seen, a second cervical epidural steroid injection in November 2014 had provided significant improvement in neck pain with improved function and had allowed her to return to work. When seen, she had increased pain rated at 6-7/10. Physical examination findings included decreased cervical spine range of motion with positive Spurling's and compression testing. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and medically necessary.