

Case Number:	CM15-0115696		
Date Assigned:	06/24/2015	Date of Injury:	03/01/2010
Decision Date:	07/23/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/16/2015

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 62 year old male, who sustained an industrial injury on 03/01/2010. He reported sustaining injuries to his neck and left shoulder. The injured worker was diagnosed as having cervical radiculitis secondary to herniated nucleus pulposus from cervical four through seven, positive electromyogram for chronic re-innervation of bilateral cervical six through thoracic one, bilateral carpal tunnel syndrome per electromyogram with nerve conduction velocity, and left shoulder arthropathy with internal derangement. Treatment and diagnostic studies to date has included chiropractic therapy, 2 epidural injections to the cervical spine, electromyogram with nerve conduction velocity, magnetic resonance imaging, and medication regimen. In a progress note dated 05/05/2015 the treating physician reports constant, severe pain to the neck and the left shoulder along with severe pain and tingling to the left upper extremity and numbness and tingling to the left lower extremity. Examination reveals decreased range of motion to the cervical spine with pain, a positive Spurling radiculopathy to the left arm, and positive trigger points to the cervical spine with the left greater than the right. The injured worker's pain to the neck is rated a 7 out of 10 and the left shoulder pain is rated a 4 out of 10. The treating physician noted that previous cervical epidural steroid injection assisted the injured worker for over a year. The treating physician requested an epidural steroid facet injection at cervical five through seven to the cervical spine with a series of two injections noting that previous injections have assisted the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine, Epidural Steroid Facet Injection at C5-C7, series of 2 injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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, 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. In 2012, the patient received 2 cervical epidural injections; however, the level of injection was not specified and evidence of sustained functional improvement was not documented. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Cervical Spine, Epidural Steroid Facet Injection at C5-C7, series of 2 injections is not medically necessary.