MAXIMUS Federal Services

Case Number:	CM15-0072752		
Date Assigned:	04/23/2015	Date of Injury:	02/13/2012
Decision Date:	05/21/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 63 year old female sustained an industrial injury to the head on 2/13/12. The injured worker later developed headaches, neck, back and shoulder pain. Previous treatment included magnetic resonance imaging, psychiatric care, physical therapy, cognitive behavioral therapy and medications. In a PR-2 dated 2/10/15, the injured worker complained of neck pain with radiation to bilateral upper extremities and weakness and swelling to bilateral hands as well as bilateral shoulder pain. Physical exam was remarkable for tenderness to palpation to bilateral shoulders and neck with decreased range of motion. Current diagnoses included bilateral stiff shoulders, rule out internal derangement, head laceration status post closure, history of loss of consciousness and mechanical cervical spine pain. The treatment plan included continuing conservative care and a pain management consultation for cervical spine epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for epidural injection times three for the cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 2/13/12 The medical records provided indicate the diagnosis of bilateral stiff shoulders, rule out internal derangement, head laceration status post closure, history of loss of consciousness and mechanical cervical spine pain. Treatments have included psychiatric care, physical therapy, cognitive behavioral therapy and medications. The medical records provided for review do not indicate a medical necessity for Pain management consultation for epidural injection times three for the cervical spine. The MTUS does not recommend more than 2 ESI injections. The MTUS recommends epidural steroid injections if radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in cases that have failed treatment with conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Although nerve study revealed neurological disorder in the bilateral upper limbs, the report did not include thorough neurological examination of the neck and upper limbs, neither was there a documentation of findings of radiculopathy in the physical examination involving the upper limbs. More importantly, the MTUS states, "Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."