

Case Number:	CM15-0073917		
Date Assigned:	04/24/2015	Date of Injury:	04/08/2008
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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 50-year-old female, who sustained an industrial injury on 4/08/2008. She reported right shoulder pain from an unspecified injury. The injured worker was diagnosed as having cervical spondylosis with myelopathy, brachial neuritis, unspecified, and cervical spinal stenosis. Treatment to date has included diagnostics, physical therapy, trigger point injections, home exercise program, transcutaneous electrical nerve stimulation unit, and medications. Cervical spine x-ray (1/07/2015) and magnetic resonance imaging of the cervical spine (3/02/2015) were submitted. Neuro-diagnostic testing (3/09/2015) was submitted. Currently, the injured worker complains of severe right sided neck and trapezius pain, with radiation to the right arm, forearm, and right first and second web space of the hand. No recent epidural steroid injections were noted. The treatment plan included cervical epidural steroid injections, C4-7. A prior progress report, dated 2/17/2015, noted failed physical therapy, epidural steroid injections, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Right Cervical Spine, C4-C5, C5-C6, C6-C7 (3): 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. Furthermore, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. In addition, MTUS guidelines do not support more than 2 nerve root levels injected at the same time. Therefore, the request for Transforaminal Epidural Steroid Injection, Right Cervical Spine, C4-C5, C5-C6, C6-C7 (3) is not medically necessary.