

Case Number:	CM15-0076537		
Date Assigned:	04/28/2015	Date of Injury:	11/28/2014
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on November 28, 2014. He reported neck and right shoulder pain. The injured worker was diagnosed as having cervical spinal strain, right cervical radiculopathy, right shoulder strain, right shoulder impingement and rule out rotator cuff pathology. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain radiating to the shoulder and shoulder pain radiating to the right arm and hand with associated tingling and numbness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 25, 2015, revealed continued pain with associated symptoms. A cervical epidural steroid injection (CESI) was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to pain management for CESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, page(s) 80 Page(s): Epidural Steroid Injections, page(s) 80.

Decision rationale: MTUS guidelines state specifically regarding cervical epidural steroid injections: “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.” In this patient's case, there is not adequate documentation that this patient has a focal neurologic deficit in a dermatomal or myotomal pattern as is consistent with cervical radiculopathy. A cervical MRI fails to establish that this patient has evidence of frank neural impingement. Likewise, this request for a Cervical Epidural Steroid Injection is not considered medically necessary.