

Case Number:	CM15-0078894		
Date Assigned:	04/30/2015	Date of Injury:	10/18/2012
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female, who sustained an industrial injury on October 18, 2012. She reported neck pain and left shoulder pain. The injured worker was diagnosed as having neck pain, cervical radiculitis, left shoulder pain, persistent left upper extremity paresthesia and anxiety. Treatment to date has included diagnostic studies, radiographic imaging, psychotherapy, medications and work restrictions. Currently, the injured worker complains of neck pain, left shoulder pain, persistent left upper extremity paresthesia and anxiety. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 24, 2015, revealed continued pain. She reported if she did not have pain medications she would not remain functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine injection C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Cervical spine injection C4-5 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of objective radiculopathy on physical exam in the proposed injection level. There is no objective imaging studies or electrodiagnostic testing available for review. Additionally, the request does not specify a laterality of the injection. Therefore the request for a C4-5 cervical spine injection is not medically necessary.