

Case Number:	CM15-0091280		
Date Assigned:	05/15/2015	Date of Injury:	08/07/2014
Decision Date:	06/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 August 7, 2014. He reported an injury to his right shoulder. Previous treatment includes MRI of the right shoulder, medications, and physical therapy. Currently the injured worker complains of continued neck pain which radiates to the right upper extremity. He reports that the pain is increased with any type of movement. An x-ray of the cervical spine on December 1, 2014 revealed limbus vertebrae anterior to C6-7 and straightening of the normal curvature from a muscle spasm. On physical examination, the injured worker has no myofascial trigger points. He is tenderness to palpation over the paraspinal muscles and has pain upon flexion and extension. Diagnoses associated with the request include cervicgia, cervical spine sprain/strain, and cervical myelopathy. The treatment plan includes cervical epidural steroid injection at C5-6, medications and work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for neck pain. He has symptoms radiating into the right upper extremity. Testing has included MRI of the cervical spine and electrodiagnostic testing which were negative for radiculopathy. An x-ray showed the incidental finding of a limbus vertebra. When seen, there was cervical paraspinal muscle tenderness and decreased and painful cervical spine range of motion. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, none of these is met and therefore the requested cervical epidural injection is not medically necessary.