

Case Number:	CM15-0098651		
Date Assigned:	06/01/2015	Date of Injury:	03/04/2010
Decision Date:	08/20/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 40 year old male, who sustained an industrial injury on March 4, 2010. Several documents within the submitted medical records are difficult to decipher. The injured worker reported heavy object struck him on the chest. The injured worker was diagnosed as having cervical degenerative joint disease (DJD) and right shoulder rotator cuff tendinopathy. Treatment to date has included magnetic resonance imaging (MRI), medication, injections and physical therapy. A progress note dated March 9, 2015 provides the injured worker complains of neck, shoulder, scapular and thoracic pain. He rates the pain 6/10. Physical exam notes atrophy of the right trapezius. There is decreased painful range of motion (ROM). The request includes transforaminal epidural steroid injection and orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) transforaminal epidural steroid injections, C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7 - Independent Medical Examinations and Consultations.

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

Decision rationale: An MRI of the cervical spine in October 2013 included findings of multilevel spondylosis without neural compromise. EMG/NCS testing in September 2013 included findings of right multilevel cervical nerve root denervation. The claimant sustained a work injury in March 2010 and continues to be treated for neck, shoulder, scapular, and thoracic pain. When seen, there had been limited improvement with physical therapy treatments. Pain was rated at 6/10. There was right trapezius muscle atrophy and decreased grip strength. There was pain over the scapular and thoracic areas. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no reported radicular symptoms and no physical examination findings that support a diagnosis of radiculopathy. The requested epidural steroid injection is not medically necessary.