

Case Number:	CM13-0002983		
Date Assigned:	11/20/2013	Date of Injury:	07/24/2011
Decision Date:	01/27/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

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 claimant is a 43-year-old female who was injured in a work related accident July 24, 2011. She sustained an injury to the neck. Records for review include a prior operative report to the right shoulder from May 2, 2013 indicating a right shoulder arthroscopy, subacromial decompression, debridement of rotator cuff and AC joint resection. Imaging reports pertaining to the cervical spine were not within the available records. There was a clinical record from June 14, 2013, [REDACTED], documenting that the claimant presented with continued pain in the right shoulder and right upper extremity. Physical examination findings on that date noted restricted right shoulder range of motion with sensory, reflex and motor examination to the upper extremities without deficits. The claimant was diagnosed with cervical radiculopathy. A cervical epidural steroid injection at the C4-5 level for further intervention was recommended at that time. There was not documentation of prior epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injections 1x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 46.

Decision rationale: CA MTUS ACOEM states that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". In this case the presence of a clinical radiculopathy has not been established as there is no imaging, electrodiagnostic testing, or examination findings consistent with that diagnosis. In the absence of supportive evidence of radicular pain, the medical necessity for the cervical epidural steroid injections is not established.