

Case Number:	CM13-0016625		
Date Assigned:	06/06/2014	Date of Injury:	10/10/2012
Decision Date:	07/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old man who sustained a work related injury on October 10, 2012. Subsequently, he developed right shoulder and neck pain. The patient underwent a right shoulder surgery on November 29, 2012 with arthroscopic rotator cuff repair, biceps tenodesis and subacromial decompression. According to a progress report dated on June 14, 2013, the patient was not having any significant improvement and his right shoulder is dependent on narcotic pain medications and ibuprofen. He is having numbness down his arm and pain in his neck. Examination of the right shoulder showed significant tenderness in the subacromial space; positive Neer's and Hawkin's impingement sign; forward flexion 150 degrees; external rotation 90 degrees; abduction is 80 degrees; and internal rotation is approximately 60 degrees. Examination of the neck showed neck tenderness. On June 14, 2013 the patient has had cervical and right shoulder MRI (magnetic resonance imaging). The shoulder MRI showed significant bursitis and evidence of biceps tenodesis with hardware. The rotator cuff is repaired and the subacromial space looks adequately decompressed. The cervical MRI showed a bulging disc around the C5-6 area. The assessment is continued right shoulder pain, obvious subacromial adhesions and discomfort, status post biceps tenodesis with subacromial decompression and neck strain, and bulging disc present. The provider requested authorization for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 309.

Decision rationale: According to MTUS/ACOEM guidelines, 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. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. In this case, the patient's pain may be originating in the shoulder which is being considered for a second surgery. In addition, the clinical, MRI (magnetic resonance imaging), findings do not corroborate the diagnosis of C6-7 radiculopathy. The MTUS/ACOEM guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Epidural Steroid Injection at the C6-C7 is not medically necessary.