

Case Number:	CM13-0018753		
Date Assigned:	10/11/2013	Date of Injury:	04/14/2012
Decision Date:	01/28/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine & Rehabilitation; and is licensed to practice in Illinois. 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. 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 66-year-old male who reported an injury on 04/14/2012. The patient is currently diagnosed as status post right shoulder arthroscopy. The patient was seen by [REDACTED] on 06/26/2013. Physical examination revealed 180-degree forward flexion and 100-degree abduction. Treatment recommendations included a cortisone injection and continuation of stabilization and strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical epidural steroid injection C4-5, C6-7: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as a possible option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient was seen

by a [REDACTED] on 06/11/2013 with complaints of persistent neck pain with radiation to the right upper extremity. Physical examination indicated tenderness to palpation with limited range of motion. The patient also demonstrated diminished upper extremity reflexes and intact sensation. There is no evidence of a failure to respond to recent conservative therapy prior to the request for an epidural steroid injection. The patient reported relief with chiropractic treatment as well as acupuncture. The type of epidural steroid injection (interlaminar, transforaminal) is not specified. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.