

Case Number:	CM13-0019237		
Date Assigned:	10/11/2013	Date of Injury:	09/24/2011
Decision Date:	01/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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. 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:

This is a 52 year-old, 5'6", 240 lbs, female with a 9/24/11 industrial injury. The IMR application shows a dispute with the 8/27/13 UR decision. The 8/27/13 UR letter is by [REDACTED] and denies a consult for a left CESI at C5/6 based on the 8/13/13 report from [REDACTED]. Unfortunately, the 8/13/13 report was not made available for this IMR. UR denied the CESI because the carrier has not accepted liability for the cervical spine for this claim. According to the 4/12/13 Orthopedic QME Re-evaluation by [REDACTED], the patient worked as a food server and developed left shoulder pain about a month before 9/24/11. She underwent shoulder surgery on 6/1/12, but did not do well post-operatively. [REDACTED] did not believe there was an injury to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical epidural steroid injection C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: The Physician Reviewer's decision rationale: MTUS states epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS gives specific criteria for epidural steroid injections, the first item states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not include the 8/13/13 report from [REDACTED], but did include his 4/16/13 and 4/29/13 reports and a copy of the 8/3/13 cervical MRI. From the information I have, there is no discussion of a dermatomal distribution of pain, so the patient does not meet the MTUS definition for radicular pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The cervical MRI shows mild right and minimal left foraminal narrowing at C5/6, which is contradictory of the patient's subjective complaints. The orthopedic QME felt the problem was with the left shoulder and stated that sometimes the shoulder symptoms could radiate to the neck, but that there was no separate neck injury. The MTUS criteria for a cervical ESI to the left C5/6 area has not been met, irrespective of the claim issue.