

Case Number:	CM13-0021518		
Date Assigned:	12/11/2013	Date of Injury:	08/20/2010
Decision Date:	01/17/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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 Oklahoma and Texas. 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 61 year old male who reported an injury on 08/20/2010. The mechanism of injury was a fall. He complained of pain to the right wrist, arm, and shoulder, and was subsequently diagnosed with a right wrist sprain. The patient continued to be treated for pain in his neck, right wrist, arm, and shoulder. He had various sessions of physical therapy and acupuncture to treat his symptoms but objective documentation regarding their efficacy was not included in the medical records. The patient also had a subacromial decompression with debridement on 09/05/2013 with appropriate post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A C4-5, C-5-6, C6-7 interlaminar epidural steroid injection (ESI): Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend ESIs for the treatment of radicular pain that must be documented by dermatomal distribution on physical exam and corroborated by imaging or electrodiagnostic studies, no more than one interlaminar level is to

be injected at one time, and the patient must be initially unresponsive to conservative care. Conservative care includes physical therapy, NSAIDs, and muscle relaxants. Although every note included in the medical records mentions cervical radiculopathy and decreased range of motion, there was no supporting objective documentation since January 12, 2012, other than a positive Spurling's test. It is noted that the patient also received acupuncture with no relief and 12 sessions of physical therapy for his neck. It is reported that the therapy provided some relief, but there is no objective evidence available to measure levels of improvement. The records also fail to show efficacy of medication management, including Voltaren 100mg taken daily. There were no other oral medications mentioned in the treatment of the patient's cervical pain. Due to excessive sites of injection and the lack of objective documentation of radiculopathy, failed therapy, and medication management, the request for C4-5, C5-6, C6-7 interlaminar epidural steroid injections are non-certified. The request for cervical ESIs is not medically necessary and appropriate.