

Case Number:	CM13-0021664		
Date Assigned:	11/13/2013	Date of Injury:	12/23/2011
Decision Date:	02/14/2014	UR Denial Date:	08/21/2013
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 Occupational Medicine 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:

The patient is a 55-year-old injured worker with a work-related injury to their low back as well as to their right arm on 12/23/2011. The patient was treated with conservative care and underwent an arthroscopic right rotator cuff repair procedure in February 2012 and postoperatively treated with physical therapy and medications. Treating doctor's note on 3/7/13 reveals that patient complains of neck and back pain which is worse when turning their head from side to side pain radiates down her right arm to the hand and numbness in her right thumb. Intermittent lower back pain was reported to be worse with bending and lifting, and improved by resting. Radiograph of the lumbar spine impression: Lumbar spondylosis and probable degenerative disc disease L4-L5 and L5-S1. Radiographs of Cervical Spine Impression: Cervical spondylosis C4-C5 and C5-C6. MRI Cervical spine decreased cervical lordosis. There is desiccation of all cervical discs. There are 2MM disc budes at C3-C4, C4-C5, C5-C6 and C6-C7. No foraminal stenosis at any level of the cervical spine. Minimal canal narrowing at C3-C4; no central stenosis. Diagnosis included status post right shoulder arthroscopic rotator cuff repair subacromial decompression and distal clavicle resection, cervical strain, cervical degenerative disc disease C2-C3, C3-C4, C4-C5, C5-C6 and C6-C7 without stenosis, and lumbar degenerative disc disease L4-L5 and L5-S1. Authorization was requested for the patient to receive 6 week course of physical therapy 3 times a week and Naproxen, 500mg. The 4/18/2013 clinical note reports that patient continues to complain of constant neck pain, worse with turning their head from side to side, pain radiating down their right arm to the hand. There is numbness in the right thumb. The patient complains of anterior shoulder pain worse with all movements, and intermittent low back pain worse with bending and lifting, improved with rest. Cervical spine examination states patient appears un

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at the right C6 level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines has specific criteria for ESI's. Per the MTUS guidelines there needs to be a radiculopathy on exam corroborated by imaging or diagnostic studies. Medical records provided for review indicates that there was a radiculopathy exam reported, but the exam findings in the records do have an in depth neurological exam that shows the radiculopathy. There is mention of an EMG study which is abnormal, but the requesting doctor does not list the abnormalities and the test is not available in the medical records. Additionally, medical records report that the patient was not responsive to conservative treatment. The request for cervical epidural steroid injection at the right C6 level is not medically necessary and appropriate.