

Case Number:	CM13-0023671		
Date Assigned:	11/15/2013	Date of Injury:	04/28/2008
Decision Date:	01/28/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 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:

An appeal letter requesting an independent medical review was submitted on behalf of the patient by his attorney on 11/05/2013. That letter opines that California guidelines support epidural injections as an option for treatment of radicular pain with lack of response to conservative care and notes that the patient had a prior epidural injection with adequate results, and radiculopathy had been confirmed on examination. On 07/08/2013, the patient was seen in follow-up by his treating physician with continuing complaints of pain in his neck, shoulder, and low back. The patient reported he was not moving his shoulder much because he feared further injury in the shoulder since he did not want further shoulder surgery. On exam, the patient had a shoulder sling and was moving the left shoulder minimally. The patient was noted to be status post shoulder surgery with other ongoing musculoskeletal injuries of the shoulder. On 10/03/2013, the patient's treating physician submitted a PR-2 form requesting additional physical therapy. The patient continued with neck, shoulder, and low back pain. He reported temporary relief from medication. The patient had pain to palpation, particularly at C4, C5, and C6 on the left, with reduced cervical motion. The treating physician opined that the patient requires therapy and epidurals for his neck and his low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left paracentral cervical epidural steroid injection (ESI) at C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on epidural injections, page 46, states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." This guideline would particularly apply in this setting, as the patient is status post shoulder surgery with substantially limited shoulder motion. It would appear extremely challenging to apply guidelines and diagnosis a focal radiculopathy given the degree of shoulder limitations. Overall, the medical records do not contain neurological findings or diagnostic data to freely support a focal radiculopathy. This request is not medically necessary.