

Case Number:	CM13-0027470		
Date Assigned:	11/22/2013	Date of Injury:	02/07/2004
Decision Date:	08/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

Patient is a 55 year-old male with date of injury 02/07/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/29/2013, lists subjective complaints as pain in the bilateral shoulders that radiates down into the bilateral upper extremities to the medial/lateral aspects of the elbow, hands and fingers. Patient underwent a previous cervical epidural injection at C5-6 on 05/30/2013 and reported it decreased his pain to 40%. Objective findings: Examination of the cervical spine revealed decreased sensation to the left medial nerve. There was decreased sensation in the right median nerve, C5, and C6 dermatomes. Decreased range of motion of the shoulders bilaterally with impingement. Diagnoses: 1. Cervical spondylosis without myelopathy. 2. Unspecified myalgia and myositis. 3. Unspecified testicular dysfunction. 4. Depressive disorder. 5. Spinal stenosis in cervical region. There is a discrepancy in the medical record. The subjective section of the report states that the patient received a 40% decrease in his pain from the previous epidural steroid injection. In the request for authorization, the report states a greater than 50% decrease in his pain from the previous epidural steroid injection. According to the 08/29/2013 note, there is no change in patient's treatment plan. The patient is not released from care. There is no change in patient's work status. There is no need for referral or consultation at this time. There is no change in patient's condition. There is no need for surgery or hospitalization of the patient at this time. The patient has been instructed to remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CERVICAL EPIDURAL STEROID INJECTION AT THE LEVELS C5-C6 UNDER MYELOGRAPHY BETWEEN 9/11/13 AND 10/26/13: Upheld

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

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

Decision rationale: According to the MTUS, Guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. It is documented that the patient received only 40% relief in his pain from the last epidural steroid injection. There are no additional plans for treatment that will help the patient with his functional capacity. The request for One Cervical Epidural Steroid Injection at the Levels C5-C6 Under Myelography Between 9/11/13 and 10/26/13 is not medically necessary.