

Case Number:	CM13-0030364		
Date Assigned:	01/15/2014	Date of Injury:	01/16/2013
Decision Date:	03/26/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pain Management 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:

sustained injuries to the neck, lumbar spine, and left shoulder regions. The patient's underwent left shoulder surgery on August 14, 2013. Cervical spine MRI performed on April 5, 2013 revealed straightening of cervical lordosis, mild right neuroforaminal narrowing at C4-5, and mild bilateral neuroforaminal narrowing and broad-based disc bulging with annular tear at C6-7. Electrodiagnostic testing demonstrated mild bilateral carpal tunnel syndrome with no evidence of radiculopathy. The disputed issues are a request for office consultation for possible epidural block and a request for additional physical therapy. Utilization review determination recommended non-certification of these two requests. The reviewer stated that there was no evidence of cervical radiculopathy following a particular dermatomal pattern to warrant an epidural block. Furthermore, with regard to the additional physical therapy, the total number of visits attended to date was not documented. In addition, there is "no submission of physical therapy progress report that details the specific treatments rendered and the response to such treatments."

IMR ISSUES, DECISIONS AND RATIONALES

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

Office consultation with possible epidural block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The Physician Reviewer's decision rationale: In the case of this injured worker, the physical exam findings do not suggest a

particular dermatomal pattern suggestive of a specific cervical radiculopathy. Physical examination performed on August 20, 2013 documents

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: The Physician Reviewer's decision rationale: In the case of this injured worker, the physical exam findings do not suggest a particular dermatomal pattern suggestive of a specific cervical radiculopathy. Physical examination performed on August 20, 2013 documents positive axial loading compression test. This indicates there may be some neural impingement. There is a statement that there is extension of symptomatology in the upper extremities and "generalized weakness and numbness" has been noted. There was no specific description of which dermatomes and myotomes were affected. Furthermore there is a contradictory statement that "neurologic status is grossly intact in the left upper extremity" within the same note. Given these physical exam findings, there is no suggestion of a specific cervical radiculopathy and this request for consultation for possible epidural block is recommended for noncertification.