

Case Number:	CM13-0031715		
Date Assigned:	12/04/2013	Date of Injury:	04/12/2010
Decision Date:	02/04/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/04/2013

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 Illinois. 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 43-year-old male who reported an injury on 04/12/2010. The patient is diagnosed with lumbar spine sprain and strain with intermittent radiculitis, bilateral shoulder tendinitis, and right carpal tunnel syndrome. The patient was seen by [REDACTED] on 08/05/2013. Physical examination revealed tenderness on examination to the left paracentral regions of the lumbar spine, moderate guarding, hypoesthesia in the L5-S1 dermatomes on the right, and diminished range of motion. Treatment recommendations included cervical epidural steroid injection and an MR arthrogram of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection (CESI): Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by

imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical note submitted, there is no documentation of radiculopathy with regard to the cervical spine that would warrant the need for an epidural steroid injection. There were also no imaging studies or electrodiagnostic reports with regards to the cervical spine submitted for this review. There is no documentation of a recent failure to respond to conservative treatment prior to the request for an injection. Based on the clinical information received, the request is noncertified.

MR Arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult of neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, there is no indication of a failure to respond to recent conservative treatment. The medical necessity for the requested procedure has not been established. Therefore, the request is noncertified.