

Case Number:	CM13-0035229		
Date Assigned:	12/13/2013	Date of Injury:	12/27/2011
Decision Date:	03/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This is a 55y/o female injured worker with date of injury 12/27/11 with injury to chest/ribs, left shoulder, lower left arm, and left hand. She was diagnosed with left rotator cuff impingement and AC joint arthrosis; status post left carpal tunnel release 2/13/13. EMG/NCV 6/12/13 was minimally abnormal with sensory latency at wrist just beyond the upper limit of normal. Cervical x-ray 9/19/13 demonstrated no significant encroachment upon neural foramina. The injured worker had 12 visits of physical therapy 1/2012 to 3/2012 subsequent to her injury. She is refractory to medications. The date of UR decision was 10/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

A cervical epidural steroid injection at C7-T1 Paramedian left QTY:1: 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 Steroid Injections Page(s): 46.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are used 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 benefit. The documentation submitted for review does not indicate radiculopathy with either physical examination or imaging studies. Per 9/19/13 cervical x-ray "bilateral oblique views demonstrate no significant encroachment upon neural foramina." As the MTUS criteria are not met, the request is not medically necessary.