

Case Number:	CM13-0038968		
Date Assigned:	01/15/2014	Date of Injury:	04/12/2011
Decision Date:	03/25/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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:

The patient is a 32-year-old female who reported an injury on 04/12/2011. The patient was reportedly injured when a falling pallet struck her on the left shoulder. The patient is currently diagnosed with cervical discogenic syndrome, shoulder impingement, knee pain, and meniscal tear in the right knee. The patient was seen by [REDACTED] on 09/06/2013. Physical examination revealed tenderness to palpation of the left shoulder. Treatment recommendations included acupuncture times 6 visits and an epidural cervical spinal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Spinal Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. .

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. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for

review. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.