

Case Number:	CM13-0043499		
Date Assigned:	12/27/2013	Date of Injury:	06/24/1999
Decision Date:	02/19/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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:

This is a male patient with a date of injury of June 24, 1999. A utilization review determination dated September 25, 2013 recommends noncertification of thoracic epidural injection, and CT scan of cervical spine and left shoulder. A progress report dated October 23, 2013 indicates that the patient continues to have neck, shoulder, elbow, and left finger pain. The note indicates that the patient has a spinal cord stimulator in place. The neck pain radiates into the patient's shoulders and hands, and the stimulator has not seemed to work for the past month. The patient recently had carpal tunnel release surgery which has relieved some pain in his wrists and hands, although the patient continues to have pain and numbness in the fingers and hands at times. Objective examination findings identify tenderness to palpation around the cervical spine and bilateral cervical facet joints. There is also tenderness to palpation around the mid-to upper thoracic spine. Range of motion is reduced in the lumbar spine secondary to pain. Tinel's test is positive on the right elbow and positive on the left wrist, motor strength is normal in both upper and lower extremities, and sensory examination reveals reduced pinprick sensation in bilateral upper and lower extremities in a nonspecific pattern. Diagnoses include cervical degenerative disc disease, cervical facet arthropathy, bilateral elbow epicondylitis, bilateral shoulder pain, status post bilateral carpal tunnel release, and contractures in both hands. The treatment plan recommends CT scan of the cervical spine and left shoulder, and epidural injection of the thoracic spine. Medications are also recommended to be continued. A progress report dated December 10, 2012 recommends the patient to continue performing a home exercise program which was taught by physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

Decision rationale: Regarding the request for bilateral thoracic epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no identification of any physical examination findings of the thoracic radiculopathy. Additionally, there are no imaging studies and/or electrodiagnostic testing which would corroborate such a diagnosis. In the absence of such documentation, the currently requested a thoracic epidural steroid injection is not medically necessary.

CT scan of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for CT scan of the cervical spine, Chronic Pain Medical Treatment Guidelines state that imaging studies are recommended for emergence of a red flag and physiologic evidence of a tissue insult or neurologic dysfunction. Within the documentation available for review, it is unclear when the patient last had imaging of the cervical spine. Additionally, it appears the neurologic findings could be explained by upper extremity pathology. There is no indication as to whether or not the patient has had electrodiagnostic studies for the equivocal neurologic examination. In the absence of clarity regarding those issues, but currently requested CT scan of the cervical spine is not medically necessary.

CT scan of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for left shoulder CT scan, Occupational Medicine Practice Guidelines state that the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of a tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends CT scan after x-ray for suspected labral tear and full thickness rotator cuff tear. Within the documentation available for review, there is no recent physical examination thoroughly evaluating the patient's shoulder. It seems reasonable to perform a thorough physical examination in an attempt to identify a differential diagnosis with regards to the patient's shoulder pathology prior to ordering an imaging study. Additionally, there is no statement indicating how the patient's management will be changed depending upon the outcome of the currently requested study. In the absence of clarity regarding those issues, the currently requested CT scan of the shoulder is not medically necessary.