

Case Number:	CM13-0055476		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2010
Decision Date:	05/02/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, Pain Management, and is licensed to practice in Massachusetts and Florida. 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 expert 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 injured worker is a 39-year-old female who reported an injury on 10/06/2010. The mechanism of injury involved repetitive work duties. The injured worker is currently diagnosed with cervical sprain, multiple cervical disc herniation, cervical neuritis of bilateral upper extremities, cervical radiculitis/radiculopathy of bilateral upper extremities, right shoulder Final Determination Letter for IMR Case Number CM13-0055476 3 internal derangement, and left shoulder impingement with rotator cuff tear. The injured worker was seen by [REDACTED] on 09/16/2013. The injured worker reported severe cervical pain associated with tingling and numbness radiating to the shoulders and arms. Physical examination revealed tenderness to palpation, severe myofascial pain on deep palpation with severe guarding, positive cervical compression testing, positive cervical distraction and Adson's testing, decreased cervical range of motion, and tenderness to palpation of the right shoulder. Treatment recommendations included a cervical epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

A EPIDURAL STEROID INJECTION AT C7-T1 WITH CATHETER AND FLUOROSCOPIC GUIDANCE: 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 Epidural Steroid Injections (Esis) 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, the patient was previously treated with a cervical epidural steroid injection at C7-T1 on 03/20/2013. However, there is no documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the procedure. Therefore, a repeat injection cannot be determined as medically appropriate at this time. As such, the request is non-certified.