

Case Number:	CM13-0056876		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2007
Decision Date:	03/31/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/22/2013

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 Texas. 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 44-year-old male who reported injury on 11/07/2007. The mechanism of injury was noted to be a cumulative trauma. The patient's diagnoses were noted to include a neck sprain/strain, rotator cuff capsule sprain, and complete rupture of the rotator cuff, and cervical disc degeneration. The patient had a right shoulder arthroscopy with rotator cuff repair, subacromial decompression, and debridement and chondroplasty on 03/04/2011. The documentation submitted for review indicated the patient had decreased painful range of motion of the neck and a positive myospasm, along with tenderness to palpation. The patient's current medications were noted to be Norco 10/325, Neurontin 600 mg, Zantac 150 mg, and Cymbalta. The request was made for a trial of doxepin for 1 tablet to 2 tablets at bedtime for pain related insomnia, Norco 10/325, Neurontin 600 mg, Zantac 150 mg and a cervical epidural steroid injection. The patient was noted to have decreased sensation in the right index and middle fingers

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for cervical 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend an epidural steroid injection when the patient has documentation of radiculopathy upon objective physical examination that is corroborated by imaging studies and/or electrodiagnostic testing, and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to indicate that the patient had objective findings of radiculopathy. There was a lack of documentation of the patient's myotomal and dermatomal findings. There was a lack of documentation including an MRI or electrodiagnostic testing and initial unresponsiveness to conservative treatment. The request as submitted failed to indicate the level of the epidural steroid injection. Given the above, the request for a cervical epidural steroid injection is not medically necessary.