

Case Number:	CM13-0062134		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2010
Decision Date:	05/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 & 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:

The patient is a 52 year old male who was injured on 09/22/2010. The patient stated he fell off a 4-wheel motorcycle and injured himself. Prior treatment history has included left shoulder surgery, nerve blocks/injections, chiropractor, narcotic pain medication, physical therapy, and acupuncture. The patient underwent post-op left shoulder surgeries dated 02/25/2011 and 06/08/2012 which consist of rotator cuff repair with SAD, AC arthroplasty, and chondroplasty of the humerus. The patient's medications as of 11/11/2013 include: Tizanidine HCL, Crestor, Diovan and Hydrocodone-acetaminophen. Diagnostic studies reviewed included cervical x-ray performed on 08/19/2013 which revealed there were no fractures, luxations, or gross pathology present. There was a decrease in the cervical lordotic curve; slight decreased disc thinning noted at C2-C3, C5-C6, and a slight curvature in the cervical spine with a lateral bend to the right was noted as well. Cervical MRI studies: A cervical MRI performed on 12/17/2012 revealed a conclusion of mild uncovertebral spurring resulting in a mild right C4-C5 and a mild C5-C6 neural foraminal stenosis; and mild C4-C5 degenerative disc degenerative disc disease. Three different EMG studies with dates of 11/18/2010, 04/29/2011, and 11/21/2012 all revealed essentially normal EMG studies. Pain Management note dated 11/11/2013 reports the patient has significant pain of his cervical area radiating into the left shoulder and arm. On exam, there is spasm of the lumbar; clonus is absent; and inconsistent behavioral responses are absent. The assessment and plan includes cervical radiculopathy, left rotator cuff injury, cervical discogenic spine pain, and cervical strain. The patient will receive epidural steroid injections. The cervical injections will be scheduled in 1-2 weeks. Orders were written for a series of 2-3 injections under fluoroscopic guidance (if indicated) at 1-2 week intervals. Office note dated 08/22/2013 states the patient continues to complain of frequent pain in the left shoulder that radiates into the

left trapezius, upper back, and neck and also radiates into the left arm with burning and numbness into the fingers on the left hand. He rates the pain a 4/10 with medications. On exam, cervical range of motion exhibits flexion to 60 degrees, extension to 40 degrees; LLF to 35 degrees; RLF to 35 degrees; LR to 70 degrees and RR to 75 degrees. On orthopedic testing, positive shoulder depression test is noted on the left creating pain in the left neck and upper back; positive Apley test on the left creating pain in the left shoulder; positive abduction test creating pain in the left shoulder; negative Codman test. Neurologic testing revealed reflexes of the upper extremities in the left and right all within normal limits. The right biceps 12-1/2 inches, the right forearm 12 inches, left biceps 12 inches, and the left forearm 11-1/2 inches.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

Decision rationale: According to the California MTUS guidelines, the purpose of ESI is 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 functional benefit. Guidelines also indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, this employee reports constant neck pain radiating into the left arm associated with numbness and weakness. However, the medical records submitted for review do not document physical findings of diminished sensory, motor or reflexes in a specific nerve distribution consistent with radiculopathy. Additionally, there are three different EMG studies dated 11/18/2010, 04/29/2011, and 11/21/2012 which were all essentially normal. The cervical MRI showed mild disc bulge at C4-5 and C5-6 with neural foraminal stenosis, but no evidence of nerve root impingement. Thus, the request for cervical epidural steroid injections x2 is not medically necessary and appropriate.