

Case Number:	CM13-0064569		
Date Assigned:	01/03/2014	Date of Injury:	09/25/2008
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & 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 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 patient is a 59 year old female who was injured on 09/26/2008. Diagnostic studies reviewed include MRI of the cervical spine dated 01/24/2013 with the impression of the following: 1) Degenerative changes of the cervical spine with mild to moderate spinal canal stenosis at C3-4, C4-5 and C5-6 as result of disc osteophytosis as well as facet and uncovertebral degenerative changes. 2) Multilevel areas of neural foraminal stenosis as described above. 3) A right thyroid well-circumscribed cystic structure, which may reflect an underlying small thyroid nodule/adenoma measuring 8 mm. This can be worked up further with a thyroid ultrasound. An MRI of the right shoulder dated 05/06/2013 revealed there is a type II curvature of the Acromion process with acromioclavicular joint degeneration, representing moderate anatomical predisposition toward impingement syndrome. An EMG/NCV dated 09/24/2013 revealed normal studies to both lower extremities. A physical therapy note dated 07/03/2013 documented the patient states that her shoulder is feeling better- no increased symptoms with her current activities. A full home program was given to patient with resistance band to continue her exercises at home. A physical therapy note dated 08/04/2013 documented the patient with no significant changes in shoulder symptoms since initial evaluation. The patient had muscle guarding initially with passive stretches but was able to relax and allow further stretch without pain. She did well with initiation of exercises but was warned about possible increase in soreness with shoulder isometric exercises. A physical therapy note dated 08/26/2013 documented the patient continues to have most discomfort at top of shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL C5 TRANSFORAMINAL 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 Page(s): 46.

Decision rationale: According to the MTUS Chronic Pain Guidelines, cervical epidural injections may be recommended as an option for treatment of radicular pain, which follows a dermatomal distribution and has objective corroborative findings of radiculopathy. According to the medical records provided for review, the patient describes pain localized to the top of the right shoulder. There is no report of any radicular symptoms involving the upper extremities. In addition, the records do not document objective findings consistent with radiculopathy. The MTUS Chronic Pain Guidelines require that radiculopathy must be demonstrated by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As these criteria have not been met, the medical records do not establish the patient is a candidate for cervical epidural injections. Therefore the request is not medically necessary and appropriate.