

Case Number:	CM13-0064667		
Date Assigned:	01/03/2014	Date of Injury:	09/09/2010
Decision Date:	04/11/2014	UR Denial Date:	11/18/2013
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 Orthopedic Surgery 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 61-year-old female who reported an injury on 09/09/2010 due to a fall. The patient reportedly sustained an injury to her neck and right shoulder. The patient's treatment history included physical therapy, chiropractic care, and medications. The patient's most recent clinical documentation noted that the patient had persistent neck pain radiating into the right upper extremity. It was documented that the patient could not tolerate oral medications due to kidney failure. Physical findings included decreased motor strength in the left upper extremity upon resisted range of motion described as 4/5 with decreased sensory function over the C7 through T1 distributions on the left side. The patient's diagnoses included cervical radiculitis and right shoulder impingement. The patient's treatment plan included Terocin patches, an epidural steroid injection and referral to an orthopedic specialist for the left shoulder deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT C7-T1: 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 Page(s): 46.

Decision rationale: The requested C7 through T1 epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular findings upon physical examination that are corroborated by an electrodiagnostic study and/or imaging study and have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has failed to respond to multiple treatment modalities and has physical findings of radiculopathy upon evaluation. It is noted within the documentation that the patient previously underwent an EMG; however, no MRI or EMG was submitted for review to determine the appropriateness of the requested treatment. As such, the requested C7-T1 epidural steroid injection is not medically necessary or appropriate.

ORTHOPEDIC CONSULTATION EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested orthopedic consultation evaluation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends referrals to specialists when the patient's treating physician has exhausted all diagnostic tests and treatment management within that patient's scope of practice. The clinical documentation submitted for review does not provide an adequate evaluation of the patient's left shoulder to support the need for a referral to an orthopedic specialist. Additionally, there was no documentation that the patient has exhausted all diagnostic tests and treatments within the treating physician's scope of practice. As such, the requested orthopedic consultation evaluation is not medically necessary or appropriate.