MAXIMUS Federal Services

Case Number:	CM13-0065113		
Date Assigned:	01/03/2014	Date of Injury:	09/05/2011
Decision Date:	05/23/2014	UR Denial Date:	11/11/2013
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 Occupational Medicine 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 48 year old female who was injured on 09/05/2011 when she developed numbness in her hands due to repetitive typing. The pain later started radiating up her arms into her shoulders, neck, and mid back. Prior treatment history has included bilateral wrist braces, shoulder injection, therapy. The patient underwent a right carpal tunnel release on 08/05/2013; left carpal tunnel release on 05/13/2013 The patient's medications as of 10/17/2013 include Lisinopril, hydrochlorothiazide, Naprosyn, Omeprazole, and Flexeril. Diagnostic studies reviewed include cervical spine x-rays which were available for review and revealed cervical kyphosis at C4-5 with C5-6 disc space narrowing. MRI of the left shoulder dated 04/23/2013 revealed: 1. The acromion was type I with mild proliferative changes seen in the acromioclavicular joint with impingement of the supraspinatus muscle tendon junction with tendinosis changes seen. There was no tear, medial retraction or atrophy present. 2. The rest of the rotator cuff muscles and tendon were normal. 3. There was mild amount of fluid seen in the glenohumeral joint tracking into the subcoracoid bursa; consistent with bursitis. There was no leak into the subacromial space. No ganglion cyst formation PR2 dated 10/17/2013 indicated the patient presented with complaints of neck pain, occipital headaches, bilateral shoulder pain, and bilateral lower extremity pain. She reported 8/10 constant neck pain. The pain was throbbing and radiated into the occipital and mid upper thoracic spine area as well as both shoulders. She had bilateral shoulder tenderness, and restricted movement. On examination of the cervical spine, there was bilateral paracervical tenderness palpable with guarding extending into the trapezius; Axial head compression was positive bilaterally, left greater than right; Spurling's sign was positive on the left and facet tenderness was negative. Her cervical range of motion was normal bilaterally with a decrease in extension bilaterally. She had well-healed volar wrist incisions from endoscopic carpal tunnel release. There was mild tenderness noted at the

shoulder bilaterally but no edema. Shoulder range of motion was decreased bilaterally in abduction and forward flexion to 170; Shoulder orthopedic testing was negative bilaterally; Thoracic outlet tests were negative bilaterally. Her elbow range of motion was normal bilaterally; Elbow testing was negative; wrist range of motion was normal; wrist examination was negative. She was grossly intact to pinwheel in all dermatomes. The upper extremity motor testing was 5/5 bilaterally; and upper extremity reflexes were 2+ bilaterally. The patient was diagnosed with severe cervical stenosis, possible left cervical radiculitis, bilateral shoulder impingement with right shoulder partial rotator cuff tear; and status post bilateral carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INTERLAMINAR EPIDURAL STEROID INJECTION AT C6-C7: Upheld

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

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

Decision rationale: Definitive documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing has not been established in the medical records that were made available for review by me. Therefore, this request is not medically necessary.