

Case Number:	CM13-0066809		
Date Assigned:	01/03/2014	Date of Injury:	08/22/2000
Decision Date:	04/22/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old male who reported an injury on 08/22/2000. The mechanism of injury involved heavy lifting. The patient is diagnosed as status post cervical fusion at C5-7, cervical radiculopathy, status post multiple left shoulder surgeries, status post right shoulder arthroscopic subacromial decompression, left shoulder impingement, and left subacromial bursitis. The patient was seen by [REDACTED] on 10/29/2013. The patient reported 9/10 pain in the cervical spine with radiation to bilateral upper extremities. Physical examination revealed tenderness to palpation, slightly diminished range of motion, decreased sensation in the left C6, C7, and C8 dermatomes, and 5/5 motor strength. The treatment recommendations at that time included continuation of current medications, as well as an interlaminar epidural steroid injection at C3-4 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL PAIN MANAGEMENT WITH TRANSFORAMINAL EPIDURAL INJECTION LEFT SIDE CERVICAL AT LEVELS C3-C4, C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009 ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the patient demonstrated 5/5 motor strength in bilateral upper extremities. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is no evidence of an exhaustion of conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the patient does not appear to meet criteria for the requested service. As such, the request is non-certified.