

Case Number:	CM14-0000630		
Date Assigned:	01/17/2014	Date of Injury:	12/09/2009
Decision Date:	06/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/02/2014

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 Management, has a subspecialty in Interventional Spine 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 37-year-old female with a date of injury of 12/09/2009. The listed diagnoses per [REDACTED] are: 1. C5-C6 radiculopathy. 2. Right rotator cuff tear. 3. 06/21/2010 right rotator cuff reconstruction, shoulder decompression, and arthroscopy. On 07/03/2013, [REDACTED] reported that the patient is "working and has no new injuries and still continues to have pain". Examination revealed upper extremity motor and sensory are grossly intact with decreased cervical extension. Her right shoulder has well-healed incision and good range of motion. MRI of the cervical spine from 04/23/2013 revealed straightening of the cervical spine curvature and no central stenosis or foraminal narrowing. According to the 11/21/2013 progress report by [REDACTED], the patient presents with cervical spine and right shoulder pain. It is noted the patient is currently working. Physical examination revealed decreased cervical extension. Her right shoulder has a healed incision with good range of motion. Patient's upper extremity motor and sensory exams are grossly intact. The treating physician recommends "a C5-C6 selective transforaminal bilateral epidural steroid injection." Utilization denied this request on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SELECTIVE TRANSFORMINAL ESI @ C5 - C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, Page(s): 46-47.

Decision rationale: This patient presents with chronic neck pain. The treating physician is requesting a bilateral selective transforaminal epidural steroid injection at level C5-C6. Review of the reports do not show that this patient presents with radiating symptoms into the extremity, but has shoulder pain with prior shoulder surgery. The MTUS Guidelines page 46 and 47 recommends Epidural Steroid Injection as an option for treatment of radicular pain defined as pain in dermatomal distribution with collaborated finding of radiculopathy. In this case, physical examination does not reveal any motor/sensory deficits or DTR changes. MRI of C-spine showed no disc herniation or stenosis and no radicular symptoms are described. ESI's are not recommended without a clear diagnosis of radiculopathy. The request is not medically necessary and appropriate.