MAXIMUS Federal Services

Case Number:	CM14-0002771		
Date Assigned:	04/04/2014	Date of Injury:	10/13/2011
Decision Date:	05/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 59-year-old male who reported an injury on 10/13/2011 after a fall of approximately 4 to 5 feet. The injured worker reportedly sustained a rotator cuff tear required surgical repair. This was followed by postoperative physical therapy. The injured worker also developed cervical spine pain. The injured worker underwent an MRI of the cervical spine on 07/22/2013. It was documented that the injured worker had degenerative disc disease at the C4-5, C5-6, and C6-7 with evidence of a congenital left C3-4 blocked facet with a C3-4 and C4-5 facet hypertrophy and arthritic changes. Injured worker was evaluated on 11/27/2013 for continued shoulder and cervical pain. Physical examination revealed tenderness to palpation over the posterior cervical area, 50% restricted range of motion and a positive Spurling's test to the left. It was also noted that the injured worker had disturbed sensation in the post lateral aspect of the left arm, 1+ deep tendon reflexes that were bilateral and symmetrical throughout the upper extremities. The injured worker's diagnoses included cervical degenerative disc disease at multiple levels, cervical radiculopathy, cervical facet arthrosis, and left shoulder tendinosis. The injured worker's treatment plan included cervical epidural steroid injections, consideration of cervical facet injections, and to conservatively treat the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTION SECTION.

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

Decision rationale: The requested cervical epidural steroid injection (up to three injections) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have evidence of radiculopathy upon examination that is corroborated by an imaging study that has been recalcitrant to conservative treatment. The injured worker has undergone a rotator cuff repair with extensive postoperative physical therapy. However, the clinical documentation does not include any indication that the injured worker has received any conservative therapy to include physical therapy directed towards his cervical spine complaints. Additionally, the imaging study submitted for review did not provide any evidence of nerve root pathology that would support physical findings of radiculopathy. Also, the request as it is submitted does not specifically identify a level at which the epidural steroid injection would be administered to. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested cervical epidural steroid injection (up to three injections) is not medically necessary.