

Case Number:	CM14-0003867		
Date Assigned:	02/03/2014	Date of Injury:	09/29/2012
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation, 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 49 year old male with an injury date of 09/29/12. Based on the 11/26/13 progress report provided by [REDACTED], the patient complains of cervical pain, right shoulder pain, and low back pain with lumbar radiculopathy. The cervical spine has a limited range of motion and diffuse tenderness. Exam of the right shoulder reveals limited range of motion with positive impingement signs. The patient's diagnoses include the following: 1. Right lumbar radiculopathy, electrodiagnostically positive, secondary to lumbar disc protrusion 2. Multilevel cervical degenerative disc disease 3. Right shoulder chronic impingement with rotator cuff tear with impending adhesive capsulitis 4. Closed hand injury [REDACTED] is requesting a cervical epidural steroid injection series of 3. The utilization review determination being challenged is dated 12/23/13. [REDACTED] is the requesting provider, and he provided treatment reports from 01/10/13- 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION SERIES OF 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 6/12/13) ODG Indications for Surgery - acromioplasty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46, 47.

Decision rationale: According to the 11/26/13 report by [REDACTED], the patient presents with cervical pain, right shoulder pain, and low back pain with lumbar radiculopathy. MTUS pages 46 and 47 state that cervical epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome." In this case, the treater is requesting for a series of 3 injections. Recommendation is for denial. The request is not medically necessary and appropriate.