

Case Number:	CM14-0009473		
Date Assigned:	02/14/2014	Date of Injury:	02/20/2010
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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, 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 61 year old male with date of injury of 2/20/10. Based on the 1/08/14 progress report by [REDACTED] the patient complains of headache, neck pain, and pain in the lumbar spine. He has radicular pain to the left thigh and pain in the left shoulder with decreased range of motion. There is palpable tenderness in the cervical spine, tenderness palpated over the lumbar spine with decreased range of motion, and tenderness over the right knee. He underwent a left shoulder arthroscopic examination and arthroscopic surgery and repair of the rotator cuff on 7/23/13. The patient's diagnoses include internal derangement of the right knee, chondromalacia of the right knee, and tear/medial meniscus of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural steroid injections Page(s): 46, 47.

Decision rationale: According to the 1/8/14 progress report by [REDACTED], the patient presents with headache, neck pain, and pain in the lumbar spine. He has radicular pain to the left thigh and pain in the left shoulder with decreased range of motion. The request is for an epidural steroid injection (ESI) of the cervical spine (levels are not specified). The patient has not had any previous cervical epidural steroid injections in the past. The MTUS Chronic Pain Medical Treatment Guidelines state that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS further states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this patient, there are no radicular symptoms beyond the shoulder, no MRI reports are described, and there are no examination findings that suggest radiculopathy. As such, the request is not medically necessary.