

Case Number:	CM14-0105364		
Date Assigned:	07/30/2014	Date of Injury:	11/02/2000
Decision Date:	10/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 62-year-old male who sustained work-related injuries on November 2, 2000. The magnetic resonance imaging scan of the cervical spine performed on July 25, 2007 noted (a) four-millimeter left-sided disk protrusion at the C6-C7 level, which encroaches upon the ventral aspect of the cervical spinal cord and extends into the proximal aspect of the left C7 neural foramen; (b) small posterolateral osteophytes at the C3-C4 and C4-C5 levels with associated mild narrowing of the C4 and C5 neutral foramina bilaterally; and (c) one-to-two millimeter central disk protrusion at the C2-C3 level, which does not abut the cervical spinal cord. There was no nerve root compression identified. The medical records dated May 9, 2014 indicated that the injured worker returned to his provider for a follow-up visit regarding his bilateral shoulders. It was noted that it has been 17 months since he had rotator cuff repair at that time and reported less pain. He reported that he has been taking medications but his right shoulder actually has more pain than his left due to overuse. On examination, bilateral range of motion was limited. The right shoulder abduction strength was 4/5. He was diagnosed with (a) status post left shoulder arthroscopy acromioplasty; (b) status post left arthroscopic rotator cuff repair; (c) left shoulder postsurgical capsulitis; and (d) right shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at bilateral C6-C7: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, radiculopathy must be noted on physical examination and should be further corroborated by imaging studies or electrodiagnostic studies prior to performing epidural steroid injections. The review of this injured worker's records indicate that in 2001 he complained of aggravated neck and left shoulder symptoms; however, most recent records do not indicate any complaints regarding his cervical spine or neck area. Moreover, physical examination findings were focused on the bilateral shoulders and there are no compelling evidence found regarding cervical spine pain or radiculopathy. Therefore, the medical necessity of the requested cervical epidural steroid injection bilaterally at the C6-7 is not established.