

Case Number:	CM14-0137857		
Date Assigned:	09/05/2014	Date of Injury:	08/24/2009
Decision Date:	10/02/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 Pain Management 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:

This is a patient with a date of injury of 8/24/09. A utilization review determination dated 8/6/14 recommends non-certification of cervical ESI. It referenced a 7/29/14 medical report identifying right shoulder, neck, and interscapular pain. Exam findings were noted to be unchanged. 6/6/14 medical report identifies that the patient is s/p right shoulder rotator cuff repair with increasing right shoulder and arm pain with intermittent numbness in the dorsal forearm. On exam, there is limited shoulder ROM and subacromial crepitance with rotation. Strength is 4/5 in forward flexion and abduction as well as 4/5 right biceps. There is intermittent decreased sensation over the right dorsal forearm. A cervical MRI was requested and PT was said to be considered after the MRI was available for review. 7/9/14 cervical spine MRI shows no significant interval change since the 2009 MRI. There is acquired central canal stenosis and anterior cord impingement, right greater than left, mild to moderate at C4-5 and mild at C5-6. There is also probable multilevel neural foraminal stenosis most pronounced bilaterally at C5-6. 7/22/11 AME report notes conservative treatment including PT and modified duty. It appears that medications have also been utilized.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical epidural steroid injection at C4-C5 and C5-C6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, the patient has symptoms and findings suggestive of radiculopathy and the MRI shows significant central canal and neuroforaminal stenosis. The documentation also notes failure of conservative treatment and the patient has a longstanding condition. In light of the above, the currently requested Cervical Epidural Steroid Injection is medically necessary.