

Case Number:	CM14-0155004		
Date Assigned:	09/25/2014	Date of Injury:	05/24/2013
Decision Date:	10/29/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 General Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas 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:

Patient is a 45-year-old male with a 05/24/13 injury. The patient was involved in a vehicle collision, in which his patrol car was broadsided on the right front side by another vehicle. A08/19/14 follow-up evaluation report states that the patient complains of pain in his cervical spine, bilateral shoulders, right elbow and lumbar spine (8-9/10). The patient reports the pain in his cervical spine radiates into his bilateral upper extremities with paresthesia. The patient reports paresthesia in his right ankle and right foot. He also complains of groin pain. The patient reports taking HCTC 25, Irbesartan 300mg, Clonidine HCL 0.1 mg and Bystolic 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 criteria for Epidural Steroid Injections Page(s): 46.

Decision rationale: related to C6 and C7 nerve roots in his initial orthopedic evaluation report dated 07/22/14. The physician saw the patient again on 08/19/14, however, the progress report

from this date does not reflect any objective radicular symptoms, but does request selective nerve root blocks. In addition, the physician cites MRI of cervical spine performed on 05/27/14. The citation does not include any mention of foraminal stenosis or nerve root involvement. However, item 12 in the physician's diagnoses list states "MRI evidence of moderate foraminal stenosis bilaterally at C5-6." Since the last report lacks documentation of objective findings of radiculopathy at this level and there is a discrepancy between the diagnoses and the cited MRI results, the guideline criteria for epidural steroid injections are not met. The guidelines state that the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Due to the lack of an updated description of objective radicular symptoms in the latest report, as well as the discrepancy between the cited MRI report and the concluded diagnoses, the recommendation is to non-certify this request.

Left shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Shoulder Chapter Criteria for Steroid injections:

Decision rationale: 07/03/14 progress report states that the patient received a shoulder injection containing Celestone. There is no detailed description of the pain relief at this injection had provided. The guidelines state that a second injection is not recommended if the first provided no response. In addition the pain must be not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months - there is no evidence of physical therapy TENS specifically to address left shoulder symptoms, either. Therefore, the recommendation is to non-certify repeat injections.

L5-S1 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2. Page(s): 46.

Decision rationale: The guidelines do not support lumbar epidural steroid injections, unless there is documented evidence of failure of conservative therapy as well as a clearly documented evidence of radiculopathy, present on physical examination. The latest report dated 08/19/14 does not describe current up to date radicular symptoms of the lumbar nerve roots, simply stating that the patient is in a lumbar brace. The guideline criteria are not met. Non-certify.