

Case Number:	CM14-0022079		
Date Assigned:	05/09/2014	Date of Injury:	06/05/2012
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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:

The injured worker is a 51 year old female whose date of injury is 06/05/12. The mechanism of injury is described as repetitive motion. She is status post multiple shoulder surgeries. Treatment to date also includes physical therapy and acupuncture. MRI of the cervical spine dated 09/20/13 revealed at C3-4 there is no canal stenosis; there is moderate right and mild left sided foraminal narrowing. At C6-7 there is no canal stenosis; there is moderate left and mild to moderate right neural foraminal narrowing. Electrodiagnostic study (EMG/NCV) dated 03/11/14 revealed no evidence of radiculopathy. Progress report dated 04/23/14 indicates that cervical range of motion is flexion 40, extension 30, right lateral rotation 45, left lateral rotation 50, right lateral flexion 20 and left lateral flexion 45 degrees. Spurling sign is positive on the right. Sensation is intact in the bilateral upper extremities. Deep tendon reflexes are 2+ throughout. Motor testing is 4/5 on the right and 5/5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (CESI) AT C3-4 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for cervical epidural steroid injection at C3-4 and C6-7 is not recommended as medically necessary. CA MTUS guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The injured worker's physical examination fails to establish the presence of active cervical radiculopathy with intact sensation, motor strength and deep tendon reflexes. Therefore, CA MTUS criteria are not met, and the requested epidural steroid injections are not supported as medically necessary. The request is not medically necessary and appropriate.