

Case Number:	CM14-0028529		
Date Assigned:	06/16/2014	Date of Injury:	02/07/2004
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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 55 year old male who sustained work related injuries to his right shoulder on 02/07/04. On this date he was underneath a truck pulling on bungee cords when he suddenly developed significant right shoulder pain and dysfunction. He was diagnosed with rotator cuff tear and was taken to surgery on 06/28/04. He underwent left shoulder rotator cuff repair in 12/05. He had a history of bilateral pronator releases and bilateral carpal tunnel syndrome with surgeries. He underwent multiple gastrointestinal surgeries secondary to small bowel obstruction. EMG/NCV of the upper extremities identified a chronic left C5-6 radiculopathy. On 05/30/13 the claimant underwent a cervical epidural steroid at C5-6. Clinical notes dated 01/30/14 indicated a greater than 50% response to prior cervical epidural steroid injections. Current medications included fentanyl 75mcg, Percocet 10/325 mg, Lexapro 10mg, Lidoderm patches, and amitriptyline. Utilization review determination dated 02/13/14 non-certified the request for cervical epidural steroid injection at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CERVICAL EPIDURAL STEROID INJECTION AT C6-C7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS.

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

Decision rationale: The request for cervical epidural steroid injection at C6-7 is recommended as medically necessary. Per the submitted clinical records the claimant has a longstanding history of cervical radiculopathy primarily at C5-6 for which he has undergone cervical epidural steroid injection with greater than 50% relief for several months. Based upon the available clinical the requested procedure is supported as medically necessary noting the prior response to cervical epidural steroid injections.