

Case Number:	CM14-0031102		
Date Assigned:	06/20/2014	Date of Injury:	01/01/1999
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Illinois. 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 78-year-old female who reported an injury on 01/01/1999 due to cumulative trauma. The clinical note dated 08/06/2013 noted the injured worker presented with pain in the shoulder and neck. Upon examination there was pain and weakness to the left shoulder and stiffness in her glenohumeral joint. Prior therapy included surgery, medications, and injections. Upon examination of the cervical spine there was tenderness and the range of motion values were 20 degrees of extension, 20 degrees of flexion, 35 degrees of right rotation, and 38 degrees of left rotation. The ranges of motion for her right shoulder were: 80 degrees of abduction, 15 degrees of external rotation, full internal rotation, 150 degrees of forward flexion. The left shoulder range of motion values were 40 degrees of abduction, 10 degrees of external rotation. The diagnosis was cervicalgia, degeneration of cervical intervertebral disc, chronic pain syndrome, myalgia and myositis unspecified, spasm of muscle, other pain disorders related to psychological factors, and pain in joint shoulder region. The provider recommended repeat cervical epidural steroid injection at C4 to C5; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical Epidural Injection at C4-C5 QTY: 1: Upheld

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

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

Decision rationale: The request for a repeat cervical epidural steroid injection (ESI) at C4-5 is not medically necessary. The California MTUS Guidelines requires criteria for repeat epidural steroid injections to include documentation showing functional improvement, at least 50% reduction in pain, an associated reduction in medication use, for at least 6 to 8 weeks. The injured worker's last ESI procedure was completed on 07/03/2013. The clinical note dated 08/06/2013 noted the injured worker reported discomfort with active use of her shoulder with continued pain, weakness, and stiffness. There was no evidence in the documentation provided of improved function or decrease of medication. There was no mention of any rehabilitation efforts being done in conjunction with the epidural steroid injection, such as a home exercise program. There was a lack of a measurable baseline for which to measure the efficacy of the injections. There was a lack of evidence of objective significant functional improvement. As such, the request is not medically necessary.