

Case Number:	CM14-0061281		
Date Assigned:	07/09/2014	Date of Injury:	10/01/2007
Decision Date:	08/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 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:

The patient is a 37 year old female who was injured on 10/01/2007. She developed an injury to her right wrist, hand and elbow while performing her usual and customary work duties. Prior treatment history has included cortisone injection in the neck with no relief and one session of physical therapy. Diagnostic studies reviewed include x-rays of the right shoulder dated 09/06/2011 revealed Type I acromion, right shoulder; adequate acromioclavicular joint space, right shoulder, right shoulder negative for fracture, dislocation, subluxation or joint space narrowing. MRI of right shoulder dated 08/06/2012 revealed degenerative changes at superior glenoid labrum and there is no demonstrable rotator cuff tear. Progress report dated 03/20/2014 states the patient complained of cervical spine pain and right shoulder pain. She states the pain radiates into the head, neck, arm, shoulder, elbow, hand, fingers with associated swelling, clicking, locking, numbness and tingling. She rated her pain as 9/10. The right shoulder pain is rated as 9/10 and any movement aggravates her pain. On exam, the right shoulder revealed no erythema or tenderness. She has positive impingement sign, positive supraspinatus sign, negative apprehension test, positive acromioclavicular joint tenderness; positive crepitus, negative drop arm test. Motor exam is 5/5 strength in bilateral upper extremities. Right shoulder range of motion revealed flexion to 70; abduction to 75; extension to 15; external rotation to 15; internal rotation to 15; and adduction to 10. Cervical spine range of motion revealed flexion to 25; extension to 30; right lateral bending to 25; left lateral bending to 15; right rotation to 75 and left rotation to 65 with pain. Diagnoses are right shoulder impingement syndrome; degenerative disk disease with 3 mm left Para central disc protrusion C5-6 and degenerative disk disease C4-5 with 1-2 mm disc protrusion; gastritis; and right upper extremity cervical radiculopathy, C6. She is being recommended for a CESI (C5-6). Prior utilization review dated 04/18/2014 states the request for Right C5-6 narrow root block is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-6 narrow root block: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Epidural Steroid Injection (ESI).

Decision rationale: According to CA MTUS ODG guidelines, epidural steroid injections are indicated for radiculopathy documented on physical examination and corroborated by imaging studies or electro diagnostic testing. This is a request for a C5-6 narrow root block or epidural steroid injection. However in this case, findings on examination are not corroborated by imaging studies. Therefore the request is not medically necessary.