

Case Number:	CM14-0072514		
Date Assigned:	07/16/2014	Date of Injury:	09/12/2012
Decision Date:	10/03/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Interventional Spine 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 48-year old male with an injury date on 09/12/2012. Based on the 04/17/2014 progress report provided by [REDACTED] the patient complains of right shoulder pain. On examination, patient has healing arthroscopic portals to the anterior and posterior part of the shoulder. There Utilization Review letter mention MRI of the cervical spine dated 11/06/13 reveals that at C3-C, the disc height is maintained, and there is no posterior disc bulge or protrusion. The patient's diagnoses include the following: 1. Industrial injury to the right shoulder. 2. Persistent pain, weakness and discomfort involving the right shoulder with subsequent swelling in the right hand. 3. MRI studies from Kerlan-Jobe Imaging on 2/14/2014 indicating large glenohumeral joint effusion noted with heterogeneous internal debris as well as heterogeneous patchy bone marrow edema suggestive of avascular necrosis, osteomyelitis and potential rheumatological condition 4. Intraarticular septic joint status post-surgical clean out with [REDACTED] arthroscopically. 5. PICC line with antibiotics for approximately four to six weeks. The patient notes that the medication is oxacillin. He was previously on vancomycin but had a reaction to the medication. 6. Previous hospitalization for dehydration on February 4, 2014, which is approximately two weeks prior to MRI studies showing septic joint. [REDACTED] is requesting for C3-C4 Cervical Epidural Injection, Monitored Anesthesia Care and Epidurography. The utilization review determination being challenged is dated 04/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/22/2013 to 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4 Cervical Epidural Injection: 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 ESIs Page(s): 46, 47.

Decision rationale: According to the 04/17/2014 report by [REDACTED], this patient presents with right shoulder pain. The physician is requesting for a C3-C4 Cervical Epidural Injection. The report with the request was not provided. MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." In this case, the physician has asked for an ESI to possibly treat the patient's proximal radicular symptoms into the shoulder. However, the description of C-spine MRI shows no pathology at C3-4 other than minor degeneration. There is no herniation or stenosis that would results in nerve root potential problem. Radiculopathy requires an MRI finding that explains the clinical radiating symptoms. Furthermore, there are no exam findings that support radiculopathy. C3-C4 Cervical Epidural Injection is not medically necessary.

Monitored Anesthesia Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46, 47.

Decision rationale: According to the 04/17/2014 report by [REDACTED], this patient presents with right shoulder pain. The physician is requesting for Monitored Anesthesia Care. The report with the request was not provided. None of the guidelines discuss monitored anesthesia care. In this case, the requested ESI is not supported either. Monitored Anesthesia Care is not medically necessary.

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Eur Spine J. Caudal Epidurals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46, 47.

Decision rationale: According to the 04/17/2014 report by [REDACTED], this patient presents with right shoulder pain. The treater is requesting for an Epidurography. The report with the

request was not provided. Epidurography is not something that is required for an ESI. An injection of dye into the epidural space for confirmation of injectate location is part of the procedure and does not require separate billing. None of the guidelines discuss Epidurography as an additional billable service. In this case, the requested ESI is not supported either. Epidurography is not medically necessary.