

Case Number:	CM14-0075133		
Date Assigned:	07/16/2014	Date of Injury:	10/02/2002
Decision Date:	08/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 67-year-old male who reported an injury on 10/02/2012. The mechanism of injury was not documented within the clinical records submitted with this request. His prior treatments included medications, chiropractic care, and physical therapy. The injured worker underwent right shoulder surgery on 03/27/2014. His diagnoses were noted to be disc protrusion cervical, facet arthropathy cervical, facet hypertrophy cervical, muscle spasm cervical, foraminal narrowing cervical, bursitis bilateral shoulders, impingement syndrome left shoulder, rotator cuff tear, left acromioclavicular joint arthrosis, and loss of sleep. The injured worker was seen for an evaluation on 04/11/2014. The primary treating physician's progress report documented that he complained of constant moderate sharp neck pain and stiffness, and constant moderate to severe right shoulder pain and stiffness. The examination showed that cervical and left shoulder range of motion was painful. The right shoulder range of motion was within normal limits. The injured worker has been utilizing a right shoulder sling. The plan is for a followup to a neurosurgeon, a referral to an orthopedic surgeon, and a cervical epidural steroid injection. The provider's rationale for the request was provided within the documentation in a primary treating physician's progress report dated 04/11/2014. A request for authorization for medical treatment was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection - Unspecified levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection - unspecified levels is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation must note the injured worker being unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). Injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, the maximum of 2 injections should be performed. A second block is not recommended if there is an adequate response to the first block. Diagnostic blocks should be at an interval of at least 1 week to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief associated with reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They recommend no more than 2 ESIs. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The injured worker's evaluation fails to provide an adequate neurological examination. The documentation does not note decreased reflexes, decreased strength, decreased sensation to a specific dermatome, and it does not indicate a positive Spurling's, or support a radiculopathy diagnosis with an official copy of an MRI. In addition, the documentation does not indicate failed conservative care. The request does not note where in the cervical spine the epidural steroid injection is being requested for use. The guidelines do not recommend use of an epidural steroid injection to treat radicular cervical pain. Therefore, the request for cervical epidural steroid injection - unspecified levels is not medically necessary.

Neurosurgeon referral (follow-up visit): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Chapter 7 Page 127, Official Disability Guidelines: Neck & Upper Back Chapter; Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The request for Neurosurgeon referral (follow-up visit) is not medically necessary. The ODG recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper

diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Based on the primary treating physician's progress report dated 04/11/2014, there is a lack of clinical information indicating the rationale for a specialty referral. More over, there is a lack of clinical evidence that the injured worker's symptoms were unresolved with the primary physician's standardized care. Given the information provided, there is insufficient evidence to determine appropriateness of a referral for a neurosurgeon to be medically necessary. Therefore, the request for Neurosurgeon referral (follow-up visit) is not medically necessary.