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| Case Number: | CM14-0076029 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 01/09/2013 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 41 year old employee with date of injury of 1/9/2013. Medical records indicate the patient is undergoing treatment for right shoulder impingement right shoulder labral flap tear; right shoulder partial thickness rotator cuff tear. Subjective complaints include right elbow and shoulder pain. Cervical pain is more variable. Right shoulder range of motion is within normal limits but painful at end ranges. Objective findings are unremarkable with normal strength and reflexes. Treatment has consisted of PT, Norco, Protonix, Ativan, Lexipro, subacromial injection; right shoulder extensive debridement of rotator cuff and labrum; right shoulder subacromial decompression; right shoulder injection of local anesthetic for post-operative pain control. The utilization review determination was rendered on 5/8/2014 recommending non-certification of a Cervical Epidural Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIS). Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 6 Independent Medical Examinations and Consultations.

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

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The treating physician documents radiating pain in the C8 dermatome and has provided documentation of electrodiagnostic testing that shows chronic C8-T1 reinnervation changes. As such, the request for Cervical Epidural Injection is medically necessary.