

Case Number:	CM14-0077909		
Date Assigned:	07/18/2014	Date of Injury:	11/16/2007
Decision Date:	08/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 injured worker is a 41-year-old male who reported an injury on 01/16/2007, the mechanism of injury due to a slip and fall backward off a ladder. On 05/15/2014, the injured worker presented with pain to the left shoulder. Upon examination of the cervical spine, the injured worker had a vertical incision to the anterior neck that was healed. He also had tenderness posteriorly to the cervical spine. The left shoulder revealed mild tenderness anteriorly and he had positive Neer's and Hawkins impingement sign. Strength testing was 5/5 in all planes. The diagnoses were status post fall, status post cervical surgery, left shoulder pain, and right shoulder pain. Prior treatment included physical therapy, chiropractic therapy, a prior fusion, and medications. The provider recommended a cervical epidural steroid injection from C7 to T1 with fluoroscopy. 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:

Cervical Epidural Steroid Injection C7-T1 with Fluoroscopy: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommends an epidural steroid injection (ESI) as an option for treatment of radicular pain. An ESI can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use of an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 levels should be injected using transforaminal blocks. The medical records provided for review lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There is no radiculopathy documented by a physical exam and corroborated by imaging studies. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment. As such, the request is not medically necessary and appropriate.