

Case Number:	CM14-0089287		
Date Assigned:	07/23/2014	Date of Injury:	03/19/2012
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 Neurology, has a subspecialty in 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:

5/19/14 note indicates the insured had left shoulder surgery 2/10/14. There is a history of lumbar Epidural Steroid Injection (ESI) in 2013 which provided some relief for several months. The insured had an injection in the left shoulder 7/21/12 which did not help. There is neck pain with tingling sensation on both hands, along with swelling. Examination noted cervical distraction positive bilateral, Apley's scratch test positive bilateral, speed's test positive bilateral, supraspinatus test bilateral positive, and Codman's drop arm test positive bilateral. ROM was reduced in bilateral upper extremity. EMG and NCV of the lower extremities were reported unremarkable. MRI of the cervical spine was reported to show C4-5 diffuse disc protrusion effacing the thecal sac and C5 exiting nerve roots were not remarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

C/S ESI (Quantity and levels unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Epidural Steroid injections. American Medical Association (AMA) Guides.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Epidural Steroid Injection (ESI).

Decision rationale: The available medical records provided for review do not document physical exam findings consistent with radiculopathy (motor, sensory, reflex changes) consistent with a radicular pattern corroborated by MRI or EMG in support of ESI for the cervical spine. The physical examinations reported do not indicate findings regarding motor, sensory, or reflex examination. There is no EMG report regarding the upper extremities. The MRI of the cervical spine reported does not corroborate nerve root impingement in support of radiculopathy. Official Disability Guidelines do not support ESI except in case of radiculopathy demonstrated by physical examination and corroborated by MRI and/or EMG.