

Case Number:	CM14-0188850		
Date Assigned:	11/19/2014	Date of Injury:	03/10/2010
Decision Date:	01/12/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine 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:

This injured worker's date of injury is 03/10/2010. This patient receives treatment for chronic neck, R shoulder and arm pain. The patient has had right shoulder rotator cuff repair, A/C joint resection, and subacromial decompression. An MRI of the cervical spine on 05/14/2014 shows C3-C6 disc herniation and facet joint disease. The patient received chiropractic care for the neck. On physical exam the treating physician's note states that motor group testing and neuromuscular testing is normal in the upper extremities. The treating physician is requesting additional treatment authorization for cervical spine epidural injections. The medical diagnoses include: frozen right shoulder, cervical strain, cervical disc disease, low back pain, neuropathic pain and depression. Medications taken include diclofenac, omeprazole, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI C7-T1 X 2: 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 injections (ESIs) Page(s): 46-47.

Decision rationale: This patient receives treatment for chronic neck and upper extremity discomfort. The neurological exam is without radicular deficits. Criteria for use of ESIs include: radiculopathy documented on physical examination and corroborated by other studies, plus documentation that alternative methods of treatment, exercise, physical methods, NSAIDS, haven't brought relief. These data have not been clearly documented. Based on the documentation, CESIs are not medically indicated.

Spine surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment of cervical radiculopathy, by Jenice Robinson, MD, et al; UpToDate.com

Decision rationale: Surgical treatment may be medically indicated to treat some cases of compressive radiculopathy; however, careful patient selection is necessary. A number of clinical studies show that the natural history of patients with compressive radiculopathy to recovery without surgery is good. This request is made over 4 years after the industrial injury and the documentation is not clear why the request is being made now. The physical exam report says that the neuromuscular physical findings are normal. Spine surgical consultation is not medically indicated.