

Case Number:	CM14-0196361		
Date Assigned:	12/03/2014	Date of Injury:	03/03/2009
Decision Date:	01/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 34 year old female with an injury date on 03/03/2009. Based on the 10/02/2014 progress report provided by the treating physician, the diagnoses are: 1. Degenerative disc disease C3-5 with minimal central canal stenosis at C4-5 level (10/12/09 MRT at HCI C) with bilateral upper extremity cervical radiculitis 2. Status post arthroscopy right shoulder with acromioplasty and debridement 3. Sleep disturbance because of pain 4. Headaches According to this report, the patient complains of popping right wrist; locking right thumb; and pain, numbness, and paresthesias in the right hand all digits. The patient also complains of right neck pain that radiating to the right parascapular region and right upper extremity down to right hand with numbness and paresthesias. Pain is a 10/10. Physical exam reveals positive impingement sign and supraspinatus sign, bilaterally. Tenderness is noted at the bilateral AC joint, bilateral paracervical, levator scapulae and trapezius muscles. Range of motion of the right shoulder and cervical spine is decreased. Spurling sign is positive. Grip strengths on the right are 18/14/16 and on the left are 12/14/14. The patient has been treated conservatively with over-the-counter Aleve or Motrin, injections that did not help, acupuncture treatments and physical therapy that did not help. The treatment plan is to use a home cervical traction unit, Decadron series, and re-checks in 6 weeks. The patient "has reached the point of maximal medical improvement and is at permanent and stationary status as of 3/17/14." There were no other significant findings noted on this report. The utilization review denied the request for Decadron injection series #3 on 11/04/2014 based on the ODG guidelines. The requesting physician provided treatment report dated 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decadron injection series #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: steroid injection

Decision rationale: According to the 10/02/2014 report, this patient presents with "right neck pain that radiating to the right parascapular region and right upper extremity down to right hand with numbness and paresthesias." The current request is for Decadron injection series #3. Decadron (Dexamethasone) is a corticosteroid. In reviewing the one report the treating physician provided, it indicates that the patient received "injections that did not help." It would appear that the patient had a prior injection but the treater did not document the area of the previous injection and what type of injection it was. Regarding repeat injection, ODG guidelines state "A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response." In this case, there were no documentations of improvement or complete resolution of symptom from prior injection. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the current request is not medically necessary.