

Case Number:	CM14-0208149		
Date Assigned:	12/22/2014	Date of Injury:	05/17/2013
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 is a female patient with a date of injury of May 17, 2013. A utilization review determination dated November 11, 2014 recommends non-certification of a cervical epidural injection right sided C5-6, C6-7. A progress note dated October 28, 2014 identifies subjective complaints of cervical spine pain, right shoulder pain, and right elbow pain. The physical examination of the cervical spine reveals pain with compression of the cervical spine, pain down the posterior aspect of the right trapezius muscle to the medial border of the scapula. The examination of the right shoulder reveals positive impingement test, and the examination of the right elbow reveals slight tenderness on the lateral epicondyle and diminished sensation over the thumb and index finger of the right hand. The diagnoses include cervicgia with right-sided C5-6 degenerative disc disease, right shoulder impingement, right shoulder possible SLAP tear, and right lateral epicondylitis. The treatment plan recommends a cervical spine epidural at right C5-6, and right shoulder surgical decompression and ENG/NCV report dated September 9, 2014 reveals abnormal finding due to denervation of right C6/C7 muscles consistent with right C6/C7 radiculopathy. An MRI of the cervical spine report dated August 14, 2013 identifies moderate degenerative disc disease at C5-6 with 2-3 mm broad-based disc osteophytic ridging and neural foramina are mildly narrowed and at C6-7 minimal broad 1-2mm posterior disc bulge. An appeal of denial letter dated December 3, 2014 identifies subjective complaints of the patient reporting that she does not want to have the cervical epidural injection. The physical examination reveals pain with compression of the cervical spine and pain down the posterior aspect of the right trapezius muscle to the medial border of the scapula. The remaining physical examination is

unchanged from the October 28, 2014 progress note. The treatment plan recommends a cervical epidural steroid injection however the patient does not want to have an epidural but would rather have physical therapy. The patient does want to proceed with right shoulder arthroscopy with decompression and possible rotator cuff repair surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection Right Sided C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: Regarding the request for cervical epidural steroid injection right sided C5-6, C6-7, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent subjective complaints supporting a diagnosis of radiculopathy, and no documentation of failed conservative treatment. Additionally, there is documentation indicating that the patient does not wish to proceed with the cervical epidural steroid injection. As such, the currently requested cervical epidural steroid injection right sided C5-6, C6-7 is not medically necessary.