

Case Number:	CM15-0003738		
Date Assigned:	01/14/2015	Date of Injury:	08/09/2012
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 08/09/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of complete rupture of rotator cuff; cervicalgia; and cervical neuritis. The past medical treatment consisted of medication therapy. Medications included Ambien, Neurontin, Percocet, Prilosec, multivitamins, and Lisinopril. On 08/12/2014, the injured worker underwent an MRI, which showed a 2 mm focus in the right caudate nucleus that has black signal on the swan sequence. There was also a tiny 1 to 2 mm similar signal focus in the left frontal lobes. On 12/15/2014, the injured worker complained of left shoulder pain. There were no physical examination findings on the progress note. Medical treatment plan is for the injured worker to undergo epidural injections under fluoroscopy at C4-5, C5-6, and C6-7. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5, C5-C6, C6-C7 Cervical epidural under fluoroscopy: Upheld

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

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

Decision rationale: The request for C4-C5, C5-C6, and C6-C7 cervical epidural under fluoroscopy is not medically necessary. California MTUS Guidelines recommend for an epidural steroid injection, that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and that the patient must be initially unresponsive to conservative treatment, including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The submitted documentation lacked any indication of the injured worker being unresponsive to conservative treatment, to include exercise, physical therapy, and NSAIDs. Additionally, there was no indication of the injured worker having a diagnosis congruent with the above guidelines. Furthermore, there were no imaging or electro diagnostics submitted for review to corroborate radicular findings. Given the above, the request would not be indicated. As such, the request is not medically necessary.