

Case Number:	CM15-0132160		
Date Assigned:	07/20/2015	Date of Injury:	01/09/2013
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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
 Certification(s)/Specialty: Family Practice

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 50-year-old male who sustained an industrial injury on 1/9/2013 resulting in neck and shoulder pain. He was diagnosed with chronic back pain with disc disease; status post right shoulder surgery with persistent complaints and partial thickness tear; and, cervical spine with spondylosis with small central disc protrusion C5-C6, minimally deforming the ventral spinal cord. Treatment has included arthroscopic rotator cuff repair, which did not reduce shoulder and neck pain and stiffness; cortisone injection; physical therapy; and, medication, which provides some pain relief. The injured worker continues to present with neck and shoulder pain, stiffness, and limited range of motion. The treating physician's plan of care includes cervical epidural steroid injection interlaminar right side C5-C6. He is temporarily very disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI (Interlaminar) Right Side C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the medical records do not establish imaging studies to support the request for interventional pain management procedures. The medical records also do not establish objective evidence of radiculopathy stemming from the cervical spine or failure of conservative treatment. The request for CESI (Interlaminar) Right Side C5-C6 is not medically necessary and appropriate.