

Case Number:	CM15-0147691		
Date Assigned:	08/11/2015	Date of Injury:	09/19/2014
Decision Date:	09/08/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: Preventive Medicine, Occupational Medicine

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 53 year old male sustained an industrial injury to the neck and right shoulder on 9-19-14. Previous treatment included physical therapy and medications. The injured worker underwent right shoulder rotator cuff repair with subacromial decompression on 5-26-15. In a spine surgery consultation dated 6-22-15, the injured worker complained of minimal neck pain which was not increased with the injury. The injured worker stated that he had occasional aching pain in the neck with radiation down the right arm to the fingers associated with numbness and tingling. The injured worker reported that he had received six sessions of physical therapy prior to recent right shoulder arthroscopy with good relief and improvement of mobility and range of motion. In a PR-2 dated 7-15-15, the injured worker complained of pain to the right shoulder, upper arm, elbow, hand wrist and right side of neck associated with numbness. The injured worker rated his pain 5 to 6 out of 10 on the visual analog scale. The injured worker had received 3 sessions of postoperative physical therapy and was scheduled for more sessions. Physical exam was remarkable for cervical spine and right shoulder with decreased range of motion and spasms with radicular pain radiating to the right arm although spurlings test is reported to be negative. Electrodiagnostics were negative for radiculopathy and positive for radial nerve dysfunction. Current diagnoses included carpal tunnel syndrome, repetitive motion syndrome, hand sprain and strain, elbow sprain and strain, cervical spine sprain and strain, muscle spasms and tendinitis. The treatment plan included cervical spine epidural steroid injection at C5-6 followed by physical therapy twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/epidural injections.

Decision rationale: MTUS Guidelines have very specific criteria to support the use of epidural injections. This individual does not meet these criteria. The Guidelines also point out that epidural injections may provide short term pain relief only, but they do not alter the course of spinal conditions nor alter the need for surgery. This individual reports minimal cervical pain which does not support an invasive procedure as it will not alter its course. The clinical and electrodiagnostic results are not consistent which does not support an invasive procedure. Also, updated Guidelines note that epidurals are not successful for long term stenotic problems which the MRI seems to imply. Under these circumstances, the cervical epidural is not supported by Guidelines and is not medically necessary.

Physical therapy (following CESI) x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/Physical therapy.

Decision rationale: Guidelines do not support the request for a cervical epidural which automatically leads to the conclusion that the request for post injection physical therapy is also not supported. Guidelines (ODG) support up to 2 post injection sessions as being adequate, but under the circumstances of denied injections post injection therapy is not recommended. If this individual has not had any physical therapy for his neck an appropriate amount of sessions may be reasonable, but the direct tying of the therapy to completed injections is not supported by Guidelines and is not medically necessary.