

Case Number:	CM15-0199132		
Date Assigned:	10/14/2015	Date of Injury:	12/09/2011
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Illinois

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:

The injured worker is a 49 year old female who sustained an industrial injury on December 09, 2011. She has been diagnosed of cervical and lumbar chronic strain; status post right shoulder rotator cuff repair; status post right foot crush injury with residual plantar fasciitis pain, and right upper extremity parasthesia's, rule out cubital and carpal tunnel syndrome. On August 24, 2015 at comprehensive pain management visit reported subjective complaint of "neck" pain described as aching numbness occurring constantly. Current medications listed: Norco two strengths 2.5mg and 10mg. In 2014 she underwent right shoulder surgery. The plan of care is with recommendation for: pending pain management consultation, urine toxicology and prescribed Norco. Orthopedic follow up dated January 16, 2013 reported present complaints of: "neck, back, right upper extremity shoulder, and bilateral feet pains." Both Ultram and Bio-Thermal were dispensed this visit. On September 18, 2015 a request was made for a cervical epidural steroid injection and a back brace that were non-certified by Utilization Review on September 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Epidural steroid injection (ESI).

Decision rationale: The injured worker sustained a work related injury on December 09, 2011. The medical records provided indicate the diagnosis of cervical and lumbar chronic strain; status post right shoulder rotator cuff repair; status post right foot crush injury with residual plantar fasciitis pain, and right upper extremity parasthesia's, rule out cubital and carpal tunnel syndrome. Treatments have included Norco and right shoulder surgery. The medical records provided for review do not indicate a medical necessity for Cervical epidural steroid injection at C5-C6. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although the medical records indicate the injured worker has a clinical finding of cervical radiculopathy corroborated by MRI finding of Cervical spondylosis, the medical records indicate the injured worker was started on physical therapy, but there is no documented evidence the worker completed the therapy, and the outcome of the therapy. Besides, the Official Disability Guidelines does not recommend cervical epidural steroid injections due to the high risk associated with the procedure, including the risk of death.

Back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The injured worker sustained a work related injury on December 09, 2011. The medical records provided indicate the diagnosis of cervical and lumbar chronic strain; status post right shoulder rotator cuff repair; status post right foot crush injury with residual plantar fasciitis pain, and right upper extremity parasthesia's, rule out cubital and carpal tunnel syndrome. Treatments have included Norco and right shoulder surgery. The medical records provided for review do not indicate a medical necessity for Back brace. The MTUS recommends against the use of back brace (Corset) for treatment for treatment of low back conditions. The MTUS states that Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief.