

Case Number:	CM15-0024345		
Date Assigned:	02/13/2015	Date of Injury:	05/31/2012
Decision Date:	03/30/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 was a 48 year old male, who sustained an industrial injury, May 31, 2012. The injured worker suffered injuries to the right shoulder, neck, head and right hand. According to progress note of February 9, 2015, the injured workers chief complaint was daily headaches, cervical neck and right shoulder pain. The injured worker rated the headache pain 2-4 out of 10 which increases to 10 out of 10 with any activity; 0 being no pain and 10 being the worse pain. The cervical pain radiates to the right shoulder. The progress note of January 9, 2015, the physical exam noted bilateral cervical spasms with decreased strength to the left upper extremity. The injured worker was diagnosed with right small focal tear in the anterior labrum, shoulder impingement syndrome, herniated disc of the cervical spine, migraine headaches, stenosis of the cervical spine, cervical discogenic spine pain and cervical radiculopathy. The injured worker previously received the following treatments MRI of the right shoulder, electrodiagnostic studies of the cervical neck, 2 right knee surgeries, right shoulder surgery, 4 left knee surgeries and narcotic pain medication. January 9, 2015, the primary treating physician requested authorization for C7-C8 cervical epidural injection, C8-T1 cervical epidural injection, anesthesia with x-ray and with fluoroscopy guidance and 4 office visits. February 7, 2015, the Utilization Review denied authorization for C7-C8 cervical epidural injection, C8-T1 cervical epidural injection, anesthesia with x-ray and with fluoroscopy guidance and 4 office visits. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-C8 cervical epidural steroid injection Qty: 1.00: Upheld

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

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

Decision rationale: The patient is a 48 year old male who sustained injuries on 05/31/2012. He had two right knee surgeries, 4 left knee surgeries and right shoulder surgery. The request is for cervical epidural steroid injections at C7-C8 and C8-T1. MTUS guidelines note that the use of epidural steroid injections do not alter the long term outcome of the patient's condition. Also, MTUS notes that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat cervical radicular symptoms as noted in this case. The requested cervical epidural steroid injection is not medically necessary.

C8-T1 cervical epidural steroid injection Qty: 1.00: Upheld

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

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

Decision rationale: The patient is a 48 year old male who sustained injuries on 05/31/2012. He had two right knee surgeries, 4 left knee surgeries and right shoulder surgery. The request is for cervical epidural steroid injections at C7-C8 and C8-T1. MTUS guidelines note that the use of epidural steroid injections do not alter the long term outcome of the patient's condition. Also, MTUS notes that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat cervical radicular symptoms as noted in this case. The requested cervical epidural steroid injection is not medically necessary.

Anesthesia with x-ray Qty: 1.00: Upheld

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

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

Decision rationale: The patient is a 48 year old male who sustained injuries on 05/31/2012. He had two right knee surgeries, 4 left knee surgeries and right shoulder surgery. The request is for cervical epidural steroid injections at C7-C8 and C8-T1. MTUS guidelines note that the use of epidural steroid injections do not alter the long term outcome of the patient's condition.

Also, MTUS notes that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat cervical radicular symptoms as noted in this case. The requested cervical epidural steroid injection is not medically necessary. Since the epidural steroid injections are not medically necessary, the requested anesthesia and x-ray for the requested procedures are also not medically necessary.

Follow-up office visits Qty: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 9.

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

Decision rationale: The patient is a 48 year old male who sustained injuries on 05/31/2012. He had two right knee surgeries, 4 left knee surgeries and right shoulder surgery. The request is for cervical epidural steroid injections at C7-C8 and C8-T1. MTUS guidelines note that the use of epidural steroid injections do not alter the long term outcome of the patient's condition. Also, MTUS notes that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat cervical radicular symptoms as noted in this case. The requested cervical epidural steroid injection is not medically necessary. Since the requested procedures are not medically necessary the requested follow up visits post procedure are also not medically necessary.