

Case Number:	CM15-0033934		
Date Assigned:	02/27/2015	Date of Injury:	01/06/2010
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 69-year-old female who sustained an industrial injury on 01/06/2010 when she was cleaning a shower curtain rail and slipped and fell striking the back of the head. She has reported neck and shoulder pain, and at the time of the request was having complaints of discomfort in the entire right arm. Diagnoses include anterosuperior labral tear, AC joint degeneration and severe tendinosis in the supraspinatus with possible partial tearing now situation post right shoulder surgery on 05/17/2010. Treatment to date includes a right shoulder distal clavicle excision and subacromial decompression with rotator cuff debridement on 05/17/2010. The IW had extensive pre-operative physical therapy for the neck and shoulder without relief. She also had extensive postoperative physical therapy and reached a permanent and stationary status per orthopedics on 12/01/2010. A progress note from the treating provider dated 11/20/2014 found the IW had limited extension in the neck diminished sensation in the C6 distribution. She also complained of pain in the left shoulder. A MRI of the cervical spine done 12/20/2014 showed a 2.8 mm central disc protrusion at the C5-6 level. The MRI noted multilevel disc protrusions from C3-4 through C5-6, which indent but do not compress the ventral aspect of the cord. Neural foraminal narrowing due to uncovertable joint hypertrophy and facet arthrosis at multiple levels was also noted and was noted to be greater on the right than the left. Plan of care included consideration of facet injections versus epidural block. An epidural block using fluoroscopy and light sedation was requested. On 02/19/2015, Utilization Review non-certified a request for C7-T1 Cervical Epidural moderate sedation, fluoroscopy. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Cervical Epidural moderate sedation, fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. MTUS treatment guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. The injured employee complaints of pain in the left arm, however the physical examination findings revealed decreased sensation at the C6 dermatome. Additionally, the MRI does not reveal any pathology at the C7 - T-1 level. For these reasons, this request for an epidural steroid injection at C7 - T1 is not medically necessary.