

Case Number:	CM15-0035975		
Date Assigned:	03/04/2015	Date of Injury:	02/27/2001
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 67-year-old male sustained a work related injury on 02/27/2001. According to a progress report dated 10/17/2014, the injured worker's shoulder had become worse. There was pain more often with aching. The injured worker reported that he needed an epidural. There continued to be more tightness and stiffness. There was also traveling pain and stiffness from his shoulders to his neck. The provider noted that the injured worker had a cervical epidural injection last July that helped a lot. Pain was dramatically improved for a few months. Diagnoses included carpal tunnel syndrome, lesion of ulnar nerve, displacement of cervical intervertebral disc without myelopathy, subacromial bursitis, acquired trigger finger and strain of rotator cuff capsule. The provider noted that the injured worker seemed to need a cervical epidural and may benefit from arthroscopy versus injections. He also noted that he agreed with the Agreed Medical Evaluation and that the injured worker would benefit from an Epidural and he heals slowly. On 02/12/2015, Utilization Review non-certified cervical epidural injection 1 x 1. The Utilization Review rationale was not clear as they cited surgical guidelines. The guidelines referenced included CA MTUS ACOEM Practice Guidelines regarding surgical considerations for rotator cuff tear. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8, Neck and Upper Back Complaints, pages 174-175, and 181, Table 8-8, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and for delay of surgical intervention; however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. The patient is s/p previous cervical steroid injection. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The Cervical epidural injection is not medically necessary and appropriate.