MAXIMUS Federal Services

Case Number:	CM15-0038948		
Date Assigned:	03/09/2015	Date of Injury:	02/02/2001
Decision Date:	04/21/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	03/02/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 2/2/01. The diagnoses have included chronic right shoulder arthralgia status post Mumford resection, right cervical radiculopathy, and chronic recurrent right lateral epicondylitis. Treatment to date has included medications, surgery, pain management, physical therapy, localized treatments, and conservative treatments. Currently, as per the physician progress note dated 1/12/15, the injured worker complains of persistent pain/discomfort in the neck and right shoulder and new right epicondylar pain in the forearm and elbow. The pain in the neck was described as constant with radiation to right arm and associated with tingling and numbness. The pain was rated 7-9/10 and states it feels like a dead feeling in the arm. She has also been experiencing headaches. The right shoulder is a localized and moderate pain aggravated by any shoulder flexion. The right lateral elbow pain is described as a burning sensation and aggravates with any type of repetitive upper extremity activity. Magnetic Resonance Imaging (MRI) of the shoulder dated 2012 revealed bursitis, tendinosis and defect in the acromioclavicular joint associated with Mumford resection. The Magnetic Resonance Imaging (MRI) of the cervical spine revealed degenerative disc disease (DDD) and disc bulge. The physician noted that the pain was moderate to severe and she takes anti-inflammatories with some benefit and conservative measures but given the current complaints, the physician had further recommendations. The requested treatments included Transforaminal epidural injection C5-6 and C6-7, MRI right shoulder and Second opinion with [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection C5-6 and C6-7: Overturned

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 Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of 50% or greater reduction in pain after the prior injections and findings of radiculopathy on exam consistent with MRI imaging. Epidural steroid injection is medically necessary.

MRI right shoulder: 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), Shoulder chapter, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: ACOEM chapter on shoulder complaints describes that MRI is recommended for pre-operative evaluation of partial or full thickness rotator cuff tears. MRI is not recommended for routine investigation of the shoulder joint for evaluation without surgical indication. The submitted medical records do not describe a concern for rotator cuff tear and do not indicate any plan for surgical intervention. As such, shoulder MRI is not medically necessary.

Second opinion with [redacted]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Consultation, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case indicate that there are persistent symptoms despite surgical intervention and excellent adherence to HEP. A second opinion is medically necessary.