

Case Number:	CM15-0039732		
Date Assigned:	03/10/2015	Date of Injury:	10/08/2012
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 47-year-old female, who sustained an industrial injury on 10/08/2012. She reported injuries to her right knee, right hip, right rib, and shoulder. The injured worker is currently diagnosed as having right shoulder rotator cuff repair with continued weakness and pain, right knee arthroscopy, and cervical spine degenerative disc disease and stenosis. Treatment to date has included cervical MRI, physical therapy, Transcutaneous Electrical Nerve Stimulation Unit, home exercise program, and medications. In a progress note dated 12/12/2014, the injured worker presented with complaints of right knee and right shoulder pain. The treating physician reported that the injured worker would benefit from a C5-C6 epidural injection, first diagnostic injection and requested therapy for the shoulder and knee twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C5-: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic right knee and shoulder pain. An MRI of the cervical spine on 12/03/14 showed a large C5-6 disc herniation with mild to moderate stenosis. When seen on the date of service she had complaints of right sided neck pain radiating to the shoulder and scapula. Physical examination findings included negative Spurling's testing with mild discomfort on axial compression with symptoms in the right trapezius and no reported neurological deficits. Criteria for consideration of a cervical epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, although there are abnormal findings by imaging, the claimant does not report radicular symptoms and there are no reported physical examination findings of radiculopathy. Therefore, the requested cervical epidural steroid injection is not medically necessary.