

Case Number:	CM15-0053322		
Date Assigned:	03/26/2015	Date of Injury:	11/26/2012
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/20/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62-year-old male, who sustained an industrial injury on November 26, 2012. He reported being a previous [REDACTED] worker with a rotator cuff repair. The injured worker was diagnosed as having probable recurrent rotator cuff tear. Treatment to date has included rotator cuff repair, electromyography (EMG), cervical epidural steroid injection (ESI), lumbar spine MRI, medial branch blocks, acupuncture, and medication. Currently, the injured worker complains of left shoulder loss of range of motion (ROM), decreased mobility, and increasing pain. The Treating Physician's report dated December 15, 2014, noted an electromyography (EMG) dated October 20, 2014 that showed bilateral cubital tunnel syndrome/carpal tunnel syndrome. On examination, swelling was noted with tenderness near the subacromial bursa and lateral acromion. The Physician recommended left shoulder reevaluation using a MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for cervical epidural steroid injection is not medically necessary.