

Case Number:	CM14-0120787		
Date Assigned:	08/08/2014	Date of Injury:	03/01/2010
Decision Date:	10/08/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female who reported an injury on 03/01/2010 while tossing a bucket of water 4 to 5 feet from her; she felt a pain in her left shoulder. Diagnoses were left shoulder subacromial impingement syndrome, status post left subacromial decompression, glenohumeral debridement, left SLAP/biceps pathology, cervical spondylosis with left radiculitis, and left cubital tunnel syndrome. Past treatments were medications and cervical epidural steroid injections. Diagnostic studies were MRI of the cervical spine and EMG. Surgical history was arthroscopic surgery of the left shoulder on 03/01/2012. Physical examination on 06/12/2014 revealed complaints of left shoulder pain with more weakness in the left hand since last office visit. The injured worker had an epidural steroid injection to the cervical spine in 05/2014; she reported increased pain in her left shoulder after the injection was administered. The injured worker reported that she experiences aching pain in the left shoulder that radiates up to the left side of the neck. She also reported that the pain radiated into her left arm, reaching her hand and fingers. Examination of the cervical spine revealed loss of lordosis, head level. Palpation of the cervical spine revealed spasm, the paracervical spine 1+ on the left, trapezius 1+ on the left, rhomboid none. There was tenderness to palpation of the paracervical spine. Range of motion for the cervical spine was decreased. Motor strength was decreased in the left. EMG on 11/08/2012 of the left upper extremity revealed abnormal EMG and nerve conduction study of the left upper extremity. The study revealed evidence of mild C6 and C7 radiculopathy, with mild neurogenic changes seen in some of the C6 and C7 myotomes' muscles. There is no evidence of carpal tunnel, ulnar or radial neuropathy. MRI of the cervical spine on 11/25/2012 revealed mild to moderate degree of central stenosis at the C4-5 level secondary to a combination of short AP diameter of the spinal canal and 2.5 mm central posterior disc protrusion causing pressure over the anterior aspect of the thecal sac. Medications were topical

cream, gabapentin, atenolol, simvastatin, and a diabetes medication. Treatment plan was for a referral to a spine surgeon. The rationale was the injured worker was previously referred to pain management for cervical epidural steroid injection. The injured worker noted no significant improvement. "If the injured worker fails epidurals, given the injured worker's EMG findings and cervical MRI results, I recommend the referral to spine surgeon." The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up treatment with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-Occupational Medicine Practice Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The decision for follow-up treatment with [REDACTED] is not medically necessary. The California Guidelines state a disc herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated, cervical, or upper thoracic disc on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms. Activity limitation for more than 1 month or with extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term, unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risk and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehabilitation specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider a psychological evaluation of the patient prior to referral for surgery. The injured worker did not display severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction. The injured worker reported 60% pain relief after the epidural steroid injections for at least a month. Therefore, this request is not medically necessary.