

Case Number:	CM14-0166344		
Date Assigned:	10/13/2014	Date of Injury:	02/07/2013
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Medicine 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:

Patient had a date of injury on 2/15/2008. Patient was trying to prevent the computer equipment from falling off the table and reached for it with his right arm. He then felt a pop in his right shoulder. Patient has had a Bankart procedure to the right shoulder in the past to stabilize a severe superior labrum tear of the same shoulder. An MRI of the right shoulder showed a small AC joint effusion without hypertrophic changes. Diagnosis include: Cervical myofascial tension with muscle spasms, cervical intervertebral disc extrusion at C5-C6 and C7-C8, cervical spondylosis, chronic migraine headaches and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical Epidural Steroid Injection (ESI) C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: According to guidelines Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. According to the patient's medical records it is documented that the

patient has improved with the injection by decreasing the amount of pain medications however there is no mention of a home exercise program for the pain and thus does not meet the criteria for a repeat injection.