

Case Number:	CM14-0093532		
Date Assigned:	07/25/2014	Date of Injury:	07/22/2003
Decision Date:	10/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 58 year old male who was injured on 07/22/2003. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the cervical spine dated 11/21/2013 demonstrated disc osteophyte at C5-C6 which is the adjacent level to his previous fusion with some bilateral neuroforaminal narrowing. EMG/NCS of the right shoulder dated 10/10/2013 revealed C5-C6 nerve root pathology. Progress report dated 05/07/2014 states the patient complained of neck pain as well as right shoulder pain and right arm pain all the way to the forearm. The right arm pain and weakness has progressed. The patient is allergic to steroids and could not tolerate Medrol Dosepak. On exam, he has full motion of shoulders but had tenderness to palpation in the right AC joint region of the right shoulder. The right shoulder sits lower than the left shoulder. Cervical range of motion revealed flexion to 30; extension to 20; left lateral bending to 10; right lateral bending to 10; left rotation to 40; and right rotation 40. Muscle strength is 5/5 in bilateral upper extremities. The patient is diagnosed with chronic intractable neck pain, bilateral upper extremity pain; continued bilaterally shoulder pain and achiness and weakness in the shoulder. The patient is recommended for right-sided C6 nerve root block and MRI of the right shoulder. Prior utilization review dated 05/29/2014 states the requests for 1 Nerve Root Block with Lidocaine on the right at C6; and MRI of the Right Shoulder with and without contrast are not certified as there is no evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nerve Root Block with Lidocaine on the right at C6-: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Facet joint diagnostic blocks

Decision rationale: CA MTUS guidelines do not address the request. Based on the ODG, "Clinical presentation should be consistent with facet joint pain, signs & symptoms." The ODG also indicates that the most common symptom is unilateral pain that does not radiate past the shoulder. In this case, there is a lack of supporting documentation pertaining to the physical examination reviews indicating radicular pain. The progress report dated 05/07/2014 states the patient complained of neck pain as well as right shoulder pain and right arm pain all the way to the forearm. The request is not supported by the guidelines recommendation and therefore is not medically necessary.

MRI of the Right Shoulder with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. There is no supporting documentation of recent or changes in findings of positive provocative signs or instability since the prior MRI a year ago. Based on the lack of documentation, the request is not supported by the guideline recommendation therefore, is not medically necessary.