

Case Number:	CM15-0014582		
Date Assigned:	02/02/2015	Date of Injury:	08/04/2012
Decision Date:	03/19/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/26/2015

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 51 year old female, who sustained an industrial injury on August 4, 2012. She has reported right hand and right shoulder injuries. The diagnoses have included right shoulder rotator cuff tear with tendinitis impingement, positive MRI and herniated cervical disc with radiculitis/radiculopathy, positive MRI. Treatment to date has included MRI, electrodiagnostic studies, work modifications, sling, physical therapy, chiropractic therapy, and oral pain, topical pain, and non-steroidal anti-inflammatory medications. On December 2, 2014, the treating physician noted constant, severe cervical and right shoulder pain, which is sharp, throbbing, aching, tender, burning, and shooting. The shoulder pain radiated to her neck and extends to her head. The cervical pain radiated to her neck and extends to her shoulder and head. The cervical exam revealed mildly diminished range of motion, decreased lordosis, and tightness with spasm and muscle guarding of the trapezius, sternocleidomastoid, and strap muscles. The Spurling's and foramina compression tests were positive. There was decreased sensation with of the left cervical 6 dermatome at the lateral aspect of the bilateral forearms and thumbs, cervical 7 dermatome at the bilateral long fingers, and C8 dermatome of the medial aspect of the bilateral forearms. There was decreased muscle strength testing of the right lateral aspect of the bilateral forearm and thumb, long finger, and forearm. The right shoulder exam revealed moderate decreased range of motion, greater tuberosity tenderness, rotator cuff muscles tenderness and atrophy, supraspinatus and infraspinatus tenderness, positive impingement test, decreased muscle strength and biceps, triceps, and decreased supinator reflexes. The treatment plan included arthroscopic repair of the right rotator cuff tear, post-op hot/cold contrast unit and abduction

sling, internal medicine surgical clearance, and cervical epidural steroid injection at cervical 4-5 and cervical 5-6 with epidurogram. On January 26, 2015, the injured worker submitted an application for IMR for review of requests for post-op hot/cold contrast unit, internal medicine surgical clearance, and cervical epidural steroid injection at cervical 4-5 and cervical 5-6 with epidurogram. The hot/cold contrast unit was modified based on the guidelines recommendation of continuous cold therapy in the first 7 days postoperatively, including home use. The internal medicine surgical clearance was non-certified based on lack of documentation of significant medical history or risk factors in this patient. The epidural steroid injection with epidurogram was non-certified based on lack of evidence on the physical exam and patient complaints of consistent with radiculopathy, and the pain is in the entire upper extremity with ill-defined radiation. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines, and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Surgical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA). European Heart Journal (2009) 30, 2769

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating neck pain with findings consistent with radiculopathy when seen by the requesting provider and with cervical spine MRI reported as showing radiculopathy. Arthroscopic right shoulder surgery is being planned. In terms of risk, surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. In this case, the claimant is otherwise healthy and her past surgical history includes an uncomplicated hysterectomy. Major orthopedic surgery is not being planned. She would likely be at low risk for the planned procedure. Medical clearance is therefore not medically necessary.

Cervical Epidural Steroid Injection C4-5 and C5-6 with epidurogram: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating neck pain with findings consistent with radiculopathy when seen by the requesting provider and with cervical spine MRI reported as showing radiculopathy. Arthroscopic right shoulder surgery is being planned. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.