

Case Number:	CM15-0123154		
Date Assigned:	07/07/2015	Date of Injury:	12/10/2009
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male, who sustained an industrial injury on 12/10/09. Initial complaints were not reviewed. The injured worker was diagnosed as having depression due to chronic pain; bilateral shoulder impingement syndrome; right cervical radiculopathy; cervical sprain/strain; occipital neuralgia; cervical myofascial pain syndrome; sacroiliac joint dysfunction; facet arthropathy; lumbar spondylosis; right lumbar radiculopathy. Treatment to date has included chiropractic therapy; acupuncture; status post bilateral shoulder surgery; status post lumbar fusion surgery; physical therapy; TENS unit; urine drug screening; medications. Currently, the PR-2 notes dated 6/5/15 indicated the injured worker was in the office as a follow-up visit and reports severe pain over the cervical area which radiates to the shoulders and both upper extremities. He reports a loss of sensation and weakness in both upper extremities. He also continues to have severe occipital headaches. He is frustrated with chronic pain as it interferes with sleep, daily activities, emotions and function. He is scheduled for left shoulder surgery. He reports cervical, both shoulders and radiating pain to upper extremities involving numbness of both hands. The provider notes the injured worker has had right shoulder surgery three times; left shoulder surgery one time and lower back fusion surgery. The physical examination of the cervical spine notes diffuse severe tenderness over the cervical area with range of motion limited. He has severe tenderness over the occipital; nerves which cause pain going to frontal area. The shoulder Hawkin's and Neer's tests were positive for both shoulders with very limited range of motion. The Phalen's test was negative on both sides. The lumbar spine notes straight leg testing positive on the right at 30 degrees with severe tenderness on the lower lumbar facet

joint and SI joints. Fabre positive with extension of the lumbar spine at 5 degrees causing severe pain; flexion causes discomfort. He limps on the right side. His right hand grip is with weakness and diffuse weakness on the right upper and lower extremities. He has decreased sensation on the right lower extremity and left upper extremity. He has decreased light touch sensation on the right lower extremity. The provider's has requested authorization of a cervical epidural steroid injection, anesthesia with x-ray and fluoroscopic guidance at levels C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection, Anesthesia with X-ray, Fluoroscopic guidance at levels C7-T1:
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 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any correlating neurological deficits with diffuse dermatomal and myotomal findings or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic injury of 2009. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Cervical epidural injection, Anesthesia with X-ray, Fluoroscopic guidance at levels C7-T1 is not medically necessary.