

Case Number:	CM15-0127997		
Date Assigned:	07/14/2015	Date of Injury:	09/16/2014
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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, 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:

This is a 55 year old female with a September 16, 2014 date of injury. A progress note dated May 26, 2015 documents subjective complaints (headaches; neck pain; right upper back pain; right upper extremity weakness/paresthesias; right shoulder pain), objective findings (cervical rigidity/spasm; tender right medial scapular muscles; tender right paraspinal muscles with trigger points present; limited range of motion of the neck due to stiffness and pain; trace decreased motor strength in right wrist dorsiflexion; right trapezius tenderness greater than left; positive Spurling's on the right), and current diagnoses (cervicalgia; headache; sprain and strain of unspecified site of shoulder and upper arm). Treatments to date have included magnetic resonance imaging of the right shoulder (November 6, 2014; showed distal supraspinatus tendinopathy with low grade articular surface tear, and acromioclavicular joint surgically resected), magnetic resonance imaging of the cervical spine (May 13, 2015; showed central canal stenosis, multilevel degenerative disc changes of cervical intervertebral discs and facet joints, and moderate neuroforaminal narrowing), shoulder surgery, medications, and physical therapy. The treating physician documented a plan of care that included right C7-T1 interlaminar cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C7-T1 Interlaminar cortisone injection under fluoroscopic guidance, per 05/26/2015 order: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are subjective/objective findings of radiculopathy corroborated by imaging and EMG as well as failure of conservative treatment. In light of the above, the currently requested epidural steroid injection is medically necessary.