

Case Number:	CM15-0177899		
Date Assigned:	09/18/2015	Date of Injury:	09/25/2009
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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 66 year old male, who sustained an industrial injury on 9-25-2009. He reported a right shoulder injury from heavy lifting. Diagnoses include right rotator cuff tear status post rotator cuff repair in 2010. Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of pain in the neck and radiation down to right extremity. The medical records documented a cervical MRI, date unknown, revealed bulging disc at C5-6 and C6-7 with compression of nerve roots. On 7-28-15, the physical examination documented there was no change in findings from the initial evaluation that documented mildly decreased cervical range of motion, an absent right elbow reflex, and increased sensitivity at C5, C6, and C7 on the right side. There were significant physical findings in bilateral shoulders documented. The plan of care included cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI C5-6 and C6-7 under fluoroscopy x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in September 2009 and is being treated for neck pain with right upper extremity radiating symptoms. He underwent a right rotator cuff repair in January 2010. An MRI of the cervical spine is referenced as showing multilevel bulging discs with nerve root compression. When seen, he was having neck pain with right-sided radicular upper extremity pain. Physical examination findings were unchanged from a previous assessment which included findings of severely decreased bilateral shoulder range of motion with pain and positive impingement testing with right upper extremity hypersensitivity and absent right elbow reflex. Authorization is being requested for two things. The first was for an orthopedic consultation. The second was for a two level cervical epidural injection. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right upper extremity reflexes and the claimant is having right sided radicular pain. A single epidural procedure is being requested. However, the reported imaging findings are not described in adequate detail and the report was not provided. The claimant has a history of right shoulder surgery and corroboration of his right upper extremity radicular symptoms cannot be established based on the imaging findings as reported. For this reason, the requested cervical epidural steroid injection is not medically necessary.