MAXIMUS Federal Services

Case Number:	CM15-0026304		
Date Assigned:	02/18/2015	Date of Injury:	09/23/2013
Decision Date:	04/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on September 23, 2013. He reported an injury to his left shoulder. The diagnoses have included cervical spine sprain/strain, interscapular pain, cervical spondylosis and stenosis at C5-6 and C6-7 and impingement syndrome of the left shoulder. Treatment to date has included occupational therapy and pain medication. Currently, the injured worker complains of pain in his cervical spine radiating to his interscapular region, left shoulder, left upper extremity with numbness extending from the left shoulder to the left elbow. He reports intermittent numbness affecting his hand. He rates the symptomatology between 5-9 on a 10 point scale. On examination, he has moderate restricted range of motion of the cervical spine and positive impingement signs about the left shoulder. His motor strength remains at 5/5 and his sensation is grossly intact. Notes indicate that surgery for the shoulder on March 19, 2015 has been scheduled. A progress report dated December 9, 2014 identifies "altered sensation in a C6-7 distribution pattern with generalized weakness of the left upper extremity with myotomal deficits appreciated upon the triceps." MRI reportedly shows multilevel disc compromise most significant at C5-6 and C6-7. Recommendations include consultation for left shoulder and EMG of the upper extremities to delineate symptoms that mimic cervical radiculopathy versus shoulder impingement. A report dated September 8, 2014 indicates that EMG performed on August 14, 2014 shows chronic left C6 radiculopathy. On January 14, 2015 Utilization Review non-certified a request for selective nerve root block left C6, C7, noting that the request for selective nerve root block is supported by notations dated prior to the authorization, completion and review of the results. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of selective nerve root block left C6, C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root block at left C6, C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders, section on Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at all proposed treatment levels. Additionally, it appears that there is some confusion as to whether the patient's symptoms are coming from cervical radiculopathy versus shoulder pathology. Most recently, it appears that shoulder surgery has been scheduled. It seems reasonable to await the outcome of the shoulder surgery and determine whether the patient has any remaining symptoms prior to embarking on further interventional procedures. As such, the currently requested cervical epidural steroid injection is not medically necessary.