

<b>Case Number:</b>	CM13-0017011		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66 year-old female with a 9/26/1997 industrial injury claim. I have been provided 845 pages of mixed medical records for different patients from [REDACTED]. The IMR application lists the patient as [REDACTED]. Apparently UR reviewed some reports dated 7/30/13 from [REDACTED], and a 7/5/13 report from [REDACTED] and denied a left C6/7 and C7T1 transfacet epidural steroid injection x2 and Synvisc injections to the left shoulder. The 7/30/13 and 7/5/13 medical reports, unfortunately were not provided for this IMR. I have been provided records from [REDACTED], a male who was injured on 8/27/12. The only medical reports for [REDACTED] are from 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT C6-C7 AND C7-T1 TRANSFACET EPIDURAL STEROID INJECTION TIMES 2:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation (TWC)-Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** There is limited information is available for this Independent Medical Review (IMR). The 7/30/13 and 7/5/13 reports that apparently request or discuss the patient's presentation and rationale for epidural steroid injection, were not provided. There are no medical reports available for 2013 for this particular patient. This is a mixed file, and the available reports from 2013 and 2014 are for a different patient. There are no MRI or electrodiagnostic reports available for [REDACTED]. MTUS criteria for an Epidural Steroid Injection requires radiculopathy be documented on physical examination, and the findings be corroborated by MRI or electrodiagnostic studies. There is no current exam, MRI or electrodiagnostic studies to review. The request, based on the limited information, is not in accordance with MTUS guidelines.

**SYNVISC INJECTION TO THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation (TWC)-Shoulder, times three (3).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Odg-Twc Guidelines, Knee Chapter For Hyaluronic Acid Injections.

**Decision rationale:** The current patient presentation is unknown because there are no current medical reports available for review. However, The review is for Synvisc injection for the left shoulder. (ODG) Official Disability Guidelines discuss Synvisc injections, in the knee chapter, and specifically state they are not recommended for any other condition or for use in any other joint including the shoulder. The request for Synvisc injection to the shoulder is not in accordance with ODG guidelines.