

<b>Case Number:</b>	CM13-0049994		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/15/2005
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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:

The patient is a 60-year-old male who reported an injury on 07/15/2005 secondary to heavy lifting. The patient is diagnosed with unspecified neuralgia, neuritis and radiculitis, fibromyalgia/myositis, calcifying tendonitis of the shoulder, cervical radiculopathy, rotator cuff syndrome, and bursitis of the shoulder. The patient was seen by [REDACTED] on 09/23/2013. The patient reported improvement following a trigger point injection. The patient has also been previously treated with a thoracic epidural steroid injection. Physical examination revealed palpable twitch positive trigger points noted in the muscles of the head and neck, decreased range of motion, decreased strength in the right upper extremity, and decreased right upper extremity reflexes. Treatment recommendations included a cervical epidural steroid injection and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injections of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics) epidural, cervical or thoracic, single:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option of treatment for radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, a previous request for a cervical epidural steroid injection at C3-4 was submitted on 08/26/2013 by [REDACTED]. There is no documentation of decreased sensation or weakness. There is also no documentation of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDS, and muscle relaxants. The patient presented with complaints of only 5/10 pain located in the right shoulder. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.