

<b>Case Number:</b>	CM14-0005181		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 & Rehabilitation 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:

The injured worker is a 53 year old female with an injury reported on 05/26/2009. The mechanism of injury was noted as a fall from a ladder. The clinical note dated 10/16/2013, reported that the injured worker complained of right shoulder pain and ongoing neck pain with arm numbness. The physical examination findings reported with direct palpation to the right paracervical muscles and right trapezoid muscles, there was tenderness, spasm and guarding noted. It was also reported a decreased sensation to touch at the C5 distribution. Per special test performed, the injured worker was negative for cervical compression test and spurling sign bilaterally. The physical therapy note dated 11/11/2013 reported cervical range of motion was limited with rotation left to 40 degrees, rotation right to 55 degrees, and flexion to 60 degrees. The injured worker's diagnoses included right shoulder revision rotator cuff repair and cervicgia with C5 radiculopathy. The request for authorization was submitted on 12/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL EPIDURAL INJECTION TO THE RIGHT SIDED C5-6 AREA: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The injured worker complained of right shoulder pain and ongoing neck pain with arm numbness. Per clinical note, with direct palpation to the right paracervical muscles and right trapezius muscles, there was tenderness, spasm and guarding noted. It was also reported that the injured worker had decreased sensation to touch at the C5 distribution. According to the California MTUS guidelines for epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is a lack of imaging studies to suggest cervical radiculopathy. There is also a lack of clinical evidence that the injured worker was unresponsive to physical therapy, home exercises and NSAIDs. Therefore, the request for a cervical epidural injection to the right sided C5-6 is not medically necessary.