

<b>Case Number:</b>	CM14-0101915		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine 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:

39y/o male injured worker with date of injury 4/17/01 with related neck , back, and left shoulder pain. Per progress report dated 5/22/14, the injured worker complained of intense pain with inferior radiation to the superior aspect of the scapula and 50% improvement from C5-C6 therapeutic epidural injection. Per physical exam, there was limited cervical motion, tender left posterior triangle of cervical spine, with inferior tenderness to medial superior aspect of scapula. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 6/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Left posterior triangle neck injection C6-C7 with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** Per the ACOEM guidelines with regard to shoulder injection: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after

conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. I speculate that there has been a typo in this request because it is atypical to use fluoroscopy to guide an injection into the posterior triangle of the neck. Perhaps the intention was to request an epidural steroid injection, however given that the progress notes provide no information on the indication for the injection or description of the exact injection requested nor any information on the possible benefit from previous epidural steroid injection, medical necessity cannot be affirmed.