

<b>Case Number:</b>	CM14-0103638		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Occupational 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:

This patient is a 58 y/o female who has developed chronic neck and right shoulder problems secondary to an injury dated 3/01/06. She has been diagnosed with rotator cuff tears and a cervical radiculopathy. She has been treated with conservative modalities in addition to right shoulder surgery and cervical epidural injections X'2. The epidural injections previously performed at the same level requested are clearly documented to last 4-6 months, and result in diminished medication use and improved function. The radiculopathy has been confirmed by electrodiagnostics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Epidural Injection, C7-T1: Overturned**

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

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

**Decision rationale:** MTUS Guidelines support repeat epidural injections if the prior injection was successful in providing substantial prolonged relief (50% for 5-6 weeks with evidence of

decreased use of pain medication) Documentation supports this level of relief of the cervical pain for this patient. The request for the C7-T1 epidural injection is medically necessary.