

<b>Case Number:</b>	CM14-0017498		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Internal 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 is a female patient with a Date of Injury: 03/13/2012. The diagnosis was 718.91 derangement of shoulder joint primary. Treatment requested was CESI at C6-7. Primary treating physician's progress report (PR-2) dated 03-28-2013 documented the diagnoses: cervical spine strain, right shoulder internal derangement, thoracic spine strain, status post right shoulder surgery. Subjective Complaints: Chief Ortho - Right shoulder. Other Ortho - pain of the neck and upper back. Radiating pain: Neck pain radiates to both shoulders. History: Patient states her pain rates a 4 out of 10, 10 being the worst pain possible. She feels her condition is same overall. She feels slightly better, but her pain intensity is the same. She feels slightly better because she can perform more activities like putting her right arm behind her back. Objective findings: Foramina Compression: Positive bilaterally indicating symptomatic narrowing of the intervertebral foramina. Shoulder Depressor Test: Positive bilaterally indicating nerve root inflammation. +apprehension right shoulder. 5/11/2012 Right Shoulder MRI reveals full thickness supraspinal tendon tear, lateral humeral head 5mm cyst, degenerative spur formation of AC joint, moderate joint effusion noted. Treatment Plan: The right shoulder complaints have improved 25-50% due to medication. Applicant should continue physical modalities (2 times per week for one hour.) to include aquatherapy. The applicant should receive physical modalities for six weeks from today. Our office requests authorization for MRI of cervical and thoracic. Applicant continues pharmacological treatment with our office. She takes pain medication as needed. Our office orders OrthoStim4 to reduce pain and myospasms. Recommended Return Appointment: one month. Consultations: Sleep Specialist, Pain Management. Primary treating physician's progress report (PR-2) dated 08-22-2013 documented that the patient reported pain in the neck, upper back, right shoulder/arm. Patient reported no new numbness, no new tingling, no loss of bowel control, no pain in any new body areas, no loss of bladder control, no new injuries.

Pain management specialist was seen within the last month. MRI of the cervical and thoracic spine was not performed as of 08-22-2013. Physical examination: Range of motion - not documented. Manual muscle testing - not documented. Light touch sensation: Right lateral shoulder intact, right index finger intact, right thumb intact, right small finger intact. Diagnoses: cervical spine strain, thoracic spine strain, failed right shoulder surgery. Utilization review dated 01-20-2014 recommended non-certification.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CERVICAL EPIDURAL STEROID INJECTION AT C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTION, 46

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 4. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, EPIDURAL STEROID INJECTION (ESI), 46

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines (Page 46) states: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. PR-2 dated 08-22-2013 was the most recent medical record available for the Independent Medical Review. Primary treating physician's progress report (PR-2) dated 03-28-2013 and 08-22-2013 do not document radicular pain, pain in dermatomal distribution, or corroborative findings of radiculopathy. Medical records do not provide documentation that supports the medical necessity of epidural steroid injections: no documentation of range of motion on physical examination. No discussion of the need for cervical spine surgery. No documentation of radiculopathy on physical examination. No corroboration by imaging studies or electrodiagnostic testing. Therefore, the request for cervical epidural steroid injection at C6-7 is not medically necessary.