

<b>Case Number:</b>	CM14-0130537		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50-year-old male was reportedly injured on 8/9/2012. The mechanism of injury was noted as a motor vehicle accident. The claimant underwent left shoulder surgery on 2/25/2014. The most recent progress note, dated 8/4/2014, indicates that there were ongoing complaints of neck and left shoulder pains. The physical examination demonstrated limited cervical spine range of motion with pain and diffuse muscle tightness with tenderness over the lateral posterior cervical, trapezius and scapular muscles. Strength: Grip 3+ to 4-/5 bilaterally; biceps/triceps 4+/5 on right and 4-/5 on left; shoulder abduction 4+ to 5-/5 on right and 3+/5 on the left. There was diminished sensation in the hands and left lateral forearm. Reflexes were 1/4 in upper extremities. There was positive impingement sign on the left shoulder and positive Spurling's maneuver bilaterally. MRI's of the cervical spine, dated 8/26/2013 and 6/19/2014, demonstrated stable cervical spondylosis with multilevel significant foraminal stenosis bilaterally and mild central canal stenosis at C6-C7. Plain radiographs of the left shoulder, dated 8/11/2014, demonstrated mild AC joint and glenohumeral joint degenerative changes. Previous treatment included medications. No physical therapy or previous cervical injections documented. A request had been made for cervical epidural steroid injections at C5-C6 and C4-C5 under fluoroscopy, which was not certified in the pre-authorization process on 8/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 and C4-5 Cervical Epidural under Fluoroscopy:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Review of the available medical records documents chronic neck and left shoulder pains since a work-related injury in August 2012. MRI of the cervical spine showed multilevel foraminal stenosis in June 2014; however, there are no electrodiagnostic studies available to confirm a diagnosis of cervical radiculopathy. As such, this request is not considered medically necessary.