

<b>Case Number:</b>	CM14-0150068		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/01/1998
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with a date of injury of 05/01/1998. The listed diagnoses are pain in joint knee; elbow joint pain; shoulder pain; cervical pain and thoracic spine pain. According to progress report dated 07/30/2014, the patient presents with cervical spine, thoracic spine, lumbar spine, bilateral wrist, and bilateral shoulder pain. Examination revealed her affect is appropriate; HEENT is normocephalic and atraumatic; extremities show no trauma or deformity; skin shows no rash or discoloration; and left wrist erythema and swelling. The treater states that the MRI of the shoulder revealed postoperative changes with edema, and there is interstitial tearing of the supra and infraspinatus tendons. Progress report dated 07/02/2014 indicates the patient continuous pain. Progress report 06/04/2014 and 05/07/2014 continually states patient has pain. There is no physical examination. Treater is requesting MRI of cervical spine and the thoracic spine, injection to the right shoulder, and a selective nerve block SNRB to the left cervical C6 to C7. Utilization review denied the request on 08/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines also discuss MR imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>)

**Decision rationale:** This patient complains of cervical spine, thoracic spine, lumbar spine, bilateral wrist, and bilateral shoulder pain. The treater is requesting an MRI of the cervical spine. The medical file includes progress reports from 12/18/2013 through 07/30/2014. It does not appear the patient has had an MRI of the cervical spine. Official Disability Guidelines (ODG) recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. In addition, the examination did not reveal any neurological deficits. No radicular symptoms are described to be concerned about nerve root lesions either. Therefore, the request is not medically necessary.

**MRI thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines also discuss MR imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>)

**Decision rationale:** This patient complains of cervical spine, thoracic spine, lumbar spine, bilateral wrist, and bilateral shoulder pain. The treater is requesting an MRI of the thoracic spine. For chronic condition, Official Disability Guidelines (ODG) Guidelines recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. In addition, the examination did not reveal any neurological deficits. No radicular symptoms are described to be concerned about nerve root lesions either. Therefore, the request is not medically necessary.

**Injection right shoulder C6-7:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on shoulder steroid injection, under the shoulder chapter

**Decision rationale:** This patient complains of cervical spine, thoracic spine, lumbar spine, bilateral wrist, and bilateral shoulder pain. The treater is requesting an injection to the right

shoulder. Utilization review denied the request for injection stating "there is absence of physical exam finding to the right shoulder." Medical file provided for review does not indicate the patient has had injection of the right shoulder in the past. ACOEM Guidelines page 213 states "2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area, for example, impingement." Official Disability Guidelines (ODG) on shoulder steroid injection also states "recommend up to 3 injections, steroid injections compared to physical therapy seemed to have better initial but worse long-term outcomes." MRI of the right shoulder from 05/14/2014 revealed interstitial tearing to the supraspinatus and infraspinatus tendons. There was no evidence of full-thickness rotator cuff tendon tear. In this case, the patient continues with right shoulder pain and ACOEM and ODG allow injections for small tears. Therefore, this request is medically necessary. MRI of the right shoulder from 05/14/2014 revealed interstitial tearing to the supraspinatus and infraspinatus tendons. There was no evidence of full-thickness rotator cuff tendon tear. In this case, the patient continues with right shoulder pain and ACOEM and ODG allow injections for small tears. Recommendation is for approval.

### **Selective Nerve Block (SNRB) to Left Cervical C6-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46,47.

**Decision rationale:** This patient complains of cervical spine, thoracic spine, lumbar spine, bilateral wrist, and bilateral shoulder pain. The treater is requesting a selective nerve block (SNRB) to the left cervical C6 to C7. Utilization review denied the request stating "there is an absence of physical examination findings showing radiculopathy." MTUS recommends epidural steroid injections (ESIs) for clear diagnosis of radiculopathy that required dermatomal distribution of pain/paresthesia, confirmed via examination findings as well as imaging studies. In this case, the patient presents with neck pain but no dermatomal distribution of pain is described. In addition, there are no diagnostic studies corroborating dermatomal distribution of pain/paresthesia which is required by MTUS. Furthermore, the MTUS states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, this request is not medically necessary.