

<b>Case Number:</b>	CM14-0036507		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 injured worker is a 74-year-old female who was reportedly injured on 4/25/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 1/2/2014, indicated that there were ongoing complaints of chronic neck pain and right shoulder pain. The physical examination demonstrated Right Shoulder: Positive tenderness to palpation trapezius, weakness of the muscle of the rotator cuff and pain with passive circumduction. Cervical: Positive tenderness to palpation paraspinal muscles with associated trigger points. There is decreased flexion, extension and rotation to the left and right. Diagnostic imaging studies: A magnetic resonance imaging of the cervical spine performed 09/2012, x-ray cervical spine August 2012, and electromyogram/nerve conduction velocity of the upper extremities performed 12/2012 were referenced in the note dated 10/22/2013. No official diagnostic imaging reports were available for review. Previous treatment included intra-articular joint injections of the right shoulder, Naproxen and a Lidoderm patch. A request had been made for cervical epidural steroid injection at C5-C6 right and was not certified in the pre-authorization process on 3/4/2014.

### 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 C5-6; right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The California Medical Treatment Utilization Schedule (CA MTUS) allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there was no documentation of any noted radiculopathy in the upper extremity of the above listed claimant. As such, the request for cervical epidural steroid injection at C5-6; right is not medically necessary and appropriate.