

<b>Case Number:</b>	CM14-0043055		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/30/2007
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 36-year-old male who reported an injury on 05/30/2007. The mechanism of injury was not provided. On 07/14/2014, the injured worker presented with left shoulder pain. Upon examination of the cervical spine, there was spasm noted over the paravertebral muscles and a tight muscle band noted bilaterally. There was also tenderness noted to the paracervical muscles, rhomboids, and trapezius. The diagnoses were rotator cuff tear to the left status post repair 10/2012, unspecified myalgia and myositis, and depressive disorder. Prior treatment included medications. The provider recommended a left-sided cervical C6-7 epidural steroid injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sided Cervical (C) 6-7 epidural injection:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend an ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and should be used in conjunction with other rehabilitation efforts to include home exercise. There is no information on improved function. The criteria for the use of an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, no more than 2 levels should be injected using transforaminal blocks. The clinical information notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There is also a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. The request did not indicate the use of fluoroscopy for guidance in the request as submitted. As such, the request is not medically necessary.