

Case Number:	CM14-0050045		
Date Assigned:	07/07/2014	Date of Injury:	04/27/2012
Decision Date:	09/17/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 62-year-old male with a reported injury on 04/27/2012. The mechanism of injury was due to cumulative trauma. The injured worker's diagnoses included right shoulder impingement with partial rotator cuff tear and some evidence of secondary adhesive capsulitis, not improved with conservative treatment. The injured worker has had previous treatments of physical therapy, and the use of Gabapentin and Norco. The injured worker has had a previous MRI of the cervical spine on 08/08/2012, and also an MRI of the right shoulder on 07/06/2013. The injured worker had an examination regarding his cervical spine on 03/10/2014. He complained of bilateral shoulder pain. The right side was worse than the left. It was stated that he has had "an injection", but the efficacy of that particular injection was unknown. Upon physical examination, it was noted that both shoulders had continued to have limited motion, with forward elevation to 110 degrees, abduction to 80 degrees, external rotation to 50 degrees, and internal rotation to about the sacrum bilaterally. He was weak in his supraspinatus, at a 4/5. The external rotators and subscapularis was a 5/5. He did have positive impingement signs, but there was no obvious instability. According to a radiograph from an unknown date, he did have type 2B acromion bilaterally with some impingement type anatomy. The MRI scan of his right shoulder revealed that he had moderate tendinopathy with supraspinatus in the cuff. The MRI of the cervical spine on 08/08/2012 did show narrowing at C4-5. It showed that there was multilevel mild disc space narrowing and osteophyte. The medications that were provided included Norco. The efficacy of that medication was not provided. The recommended plan of treatment upon this examination was a right shoulder arthroscopy with debridement versus the repair of the rotator cuff, subacromial decompression, and possible capsular release. There was

no mention of a C5-6 cervical epidural steroid injection within this examination. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 cervical epidural steroid injection with 2 weeks follow-up: 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 Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, which is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. They must be initially unresponsive to conservative treatment, such as exercises, physical methods, NSAIDs, and the use of muscle relaxants. The injections should be performed using fluoroscopy for guidance. There was a lack of documentation by physical examination of radiculopathy that was corroborated by imaging studies. The MRI and x-rays that were performed did not show radiculopathy. The injured worker does not have a diagnosis of radiculopathy. There was a lack of evidence that the injured worker was initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. Although it was reported that he did have previous injections with temporary improvement in therapy, and that he was taking Norco, the efficacy of those were not provided. The guidelines recommend that a repeat block should be based on continued objective documentation of pain and functional improvement, including at least 50% pain relief. There was a lack of documentation of the efficacy of the previous injection. Furthermore, the request does not specify the use of fluoroscopy. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the C5-6 cervical epidural steroid injection is not medically necessary.