

<b>Case Number:</b>	CM14-0082864		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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 37-year-old female was reportedly injured on September 12, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated tenderness and spasms of the right trapezius, periscapular muscles, and rhomboid muscles. There was decreased range of motion of the cervical spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right shoulder surgery. A request had been made for cervical spine epidural steroid injection at C5 and C6 for right-sided postoperative pain relief and was not certified in the pre-authorization process on May 28th 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Cervical 5-6 Right side for Postoperative Pain Relief:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes that there must be a radiculopathy present is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note dated May 20, 2014, there are no radicular complaints by the injured employee or radicular findings on physical examination. Considering this, the request for a cervical epidural steroid injection on the right sided C5 - C6 for postoperative pain relief is not medically necessary.