

<b>Case Number:</b>	CM14-0091297		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Management 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 46-year-old female with a date of injury of 11/26/2013. The listed diagnoses per [REDACTED] are: 1. Right shoulder strain/sprain, impingement with tendinitis. 2. Cervical sprain/strain. 3. Sleep disorder, depressive disorder, and psych. According to progress report 05/05/2014, the patient presents with frequent right shoulder pain described as sharp stabbing, aching, with shooting pain. The patient also complains of constant neck pain that is sharp and achy. Examination revealed Cervical range of motion was extension 15, left rotation 43, right rotation 45, left lateral 24, right lateral 22. Examination of the right shoulder revealed +3 edema and decreased range of motion. MRI of the right shoulder revealed moderate impingement, tendinosis, and partial tear of RC. Provider notes NCV/EMG of the bilateral upper extremity is still pending. He requests cervical epidural injection under fluoroscopy. Utilization review denied the request on 05/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cervical (neck) epidural injection under fluoroscopy as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** This patient presents with neck and shoulder pain. The provider is requesting a cervical epidural injection under fluoroscopy. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. There is no MRI of the neck provided. QME report from 05/05/2014 indicates the patient has had prior imaging done. However, the reports are not provided for review and the outcomes were not discussed. Furthermore, the patient presents with neck and shoulder pain, but no dermatomal distribution of pain is described. Recommendation is not medically necessary.