

<b>Case Number:</b>	CM14-0092855		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Interventional Spine 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 51 year old male with an injury date of 03/04/14. Based on the 06/05/14 progress report provided by [REDACTED], the patient complains of continuous right sided shoulder blade and upper extremity pain that increases with activity. He also has numbness and tingling in his fingers. There is tenderness to palpation to right supraspinatus and paracervical muscles, Positive Spurling's test on right. Injured worker is being prescribed with Ibuprofen and Norco. He is on full duty at work. Based on 05/06/14 progress report, patient has completed 7/10 physical therapy sessions. MRI findings from 05/29/14: 1. Right shoulder shows degenerative joint disease at acromioclavicular joint, mild supraspinatus tendinopathies, and no tear. 2. C5-6: Broad posterior disc bulge with uncovertebral spurs, patent canal, mild facet arthrosis, mild/moderate narrowing of right foramen. 3. Cervical spine: cervical spondylosis with degenerative disc, more so from C3-4, C5-6, C6-7 narrowing the canal, impinging on nerve. Nerve conductive study (NCS) on 06/11/14 showed electro diagnostic evidence of right C- 5 radiculopathy." Diagnosis: 1. Cervical radiculopathy 2. Tendinitis of right shoulder. Dr. [REDACTED] is requesting for Epidural Steroid Injection at C5-6. Utilization review denial letter was not found within submitted progress reports. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 04/16/14 - 08/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection at C5-6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back - Acute & Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

**Decision rationale:** This patient presents with cervical radiculopathy and tendinitis of right shoulder. He presents with a broad posterior disc bulge at C5-6 level confirmed by MRI 05/29/14. There is also Electro diagnostic evidence of right C-5 radiculopathy as per report dated 06/11/14. The request is for Epidural Steroid Injection at C5-6. According to the MTUS criteria for the use of Epidural Steroid injections, radicular pain must be documented. In this case, the patient has radiating pain into the arm, Electromyogram (EMG) was positive and MRI showed herniated nucleus pulposus (HNP) at C5-6. There is no indication that the patient has had an injection in the past. Recommendation is medically necessary and appropriate.