

<b>Case Number:</b>	CM14-0094883		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 56-year-old individual was reportedly injured on 11/11/2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/2/2014, indicated that there were ongoing complaints of chronic left shoulder pain. The physical examination demonstrated left shoulder range of motion 170, 90, 80, with tenderness at the acromioclavicular (AC) joint and positive impingement sign. There were no rotator cuff weaknesses, and there were pain with abduction strength testing. There are no recent diagnostic studies available for review, and the previous treatment included previous left shoulder surgery, physical therapy, medications, and conservative treatment. A request had been made for cervical epidural steroid injection and was not medically necessary in the pre-authorization process on 6/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy, as well as positive findings corroborated by diagnostic study. As such, the requested procedure is deemed not medically necessary.