

<b>Case Number:</b>	CM14-0206579		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/07/2001
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 53-year-old gentleman with a date of injury of 03/07/2001. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 11/03/2014 and 12/09/2014 indicated the worker was experiencing pain in the neck and upper back with hand tingling, lower back pain, pain in both shoulders, and pain throughout the worker's body. Documented examinations described crepitus in the right shoulder and decreased movement in the shoulder joint. The submitted and reviewed documentation concluded the worker was suffering from shoulder impingement involving both shoulder and cervical spondylosis with mild stenosis. Treatment recommendations included medications, electrodiagnostic studies, follow up with a pain management specialist, physical therapy, a home exercise program, medication injected into the shoulder, medication injected near the spinal nerves of the upper back, and follow up care. A Utilization Review decision was rendered on 12/01/2014 recommending non-certification for a cervical interlaminar injection. A treating physician note dated 11/04/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical interlaminar injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS

Citation California Code of Regulations, Title 8. Effective July 18, 2009BMK Publishing Group Ltd; London, England, section Musculoskeletal disorders; condition Neck pain

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

**Decision rationale:** The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed documentation concluded the worker was suffering from shoulder impingement involving both shoulder and cervical spondylosis with mild stenosis. The reviewed records did not describe clear examination findings that suggested radicular pain. The request did not state specifically where the medication would be injected, and correlation with imaging or electrodiagnostic studies could not be done. There was no discussion detailing special circumstances that sufficiently supports this request. In the absence of such evidence, the current request for a cervical interlaminar injection is not medically necessary.