

<b>Case Number:</b>	CM15-0100702		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	09/12/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old male sustained an industrial injury to the neck and back on 9/12/09. Previous treatment included physical therapy, chiropractic therapy, cervical spine epidural steroid injections, physical therapy and medications. Magnetic resonance imaging left shoulder (2/6/15) showed mild osteoarthritic changes with biceps tenosynovitis and a possible labral tear. Magnetic resonance imaging right shoulder (10/3/14) showed a partial thickness supraspinatus and subscapularis tendon tear with mild medial subluxation of the biceps tendon. In a PR-2 dated 4/20/15, the injured worker complained of continued bilateral shoulder pain with difficulty reaching above shoulder level. The injured worker noted 60% pain relief of neck pain following first cervical epidural steroid injections on 1/26/15. The injured worker rated his pain 2-8/10 on the visual analog scale. Physical exam was remarkable for cervical spine with paraspinal musculature tenderness to palpation, mild spasms and reduced range of motion and bilateral shoulder with tenderness to palpation, decreased range of motion and positive impingement and cross arms tests. Current diagnoses included cervical spine sprain/strain, cervical spine degenerative disc disease, cervical spine spondylosis, cervical spine stenosis, lumbar spine sprain/strain, bilateral lower extremity radiculopathy, lumbar spine degenerative disc disease with stenosis, bilateral shoulder sprain/strain, bilateral shoulder impingement, left shoulder tendinitis, and possible labral tear. The treatment plan included requesting authorization for second cervical spine epidural steroid injections, awaiting response for requested right shoulder arthroscopy and magnetic resonance imaging arthrogram left shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) transfacet cervical epidural steroid injection at the levels of bilateral C5-C6:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 47.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Epidural steroid injection (ESI).

**Decision rationale:** The claimant sustained a work-related injury in September 2009 and continues to be treated for neck and upper extremity pain. When seen, he was having bilateral shoulder pain and difficulty reaching. There had been 60% improvement after a cervical epidural steroid injection 5 months before in January 2015. There was decreased cervical spine range of motion with paraspinal muscle tenderness and mild muscle spasms. Pain was rated at 2-8/10. Authorization for a second cervical epidural steroid injection was requested. In terms of a repeat epidural cervical injection, in the therapeutic phase, a repeat injection should only be offered if there is at least 50% pain relief for six to eight weeks. In this case, the claimant is not having ongoing radicular symptoms. A previous injection had provided 60% pain relief and it is not documented as to whether it continues to be effective. Therefore, a repeat cervical epidural steroid injection is not medically necessary at this time.