

<b>Case Number:</b>	CM15-0108915		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California

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:

The injured worker (IW) is a 57 year old male who sustained an industrial injury on 01/09/2013. He reported that he stepped off a scale and fell onto his right arm. He complains of right shoulder and right knee pain. The injured worker was diagnosed sprains/strain of right shoulder; derangement, shoulder (internal), and sprains/strains of elbow and forearm. Treatment to date has included right shoulder surgery (04/07/2013), medications, and epidural steroid injections. Currently, the injured worker complains of shoulder pain. A manipulation of the right shoulder under anesthesia was done June 2013. In February 2014, he had a MRI and EMG that resulted in diagnoses of carpal tunnel syndrome on the right, and cervical degenerative disc disease. In April 2014, the IW had a cervical epidural steroid injection (CESI). There is no record of his response to the CESI. In May 2014, he was seen and designated permanent and stable. In July 2014, he was seen for his cervical spine, and in September (09/24/2014), he was scheduled for a CESI on 09/25/2014. The report of this epidural and his response to it are not found in the medical records presented. A cervical spine epidural steroid injection was ordered on 04/27/2015. The exam on 04/27/2015 noted he had moderate atrophy on the right side of the deltoid and infraspinatus muscles. His range of motion forward flexion was 70 degrees on the right side. His AC joint was tender and he was diagnosed as having a frozen shoulder. His problem list included shoulder pain on the right and lumbosacral degenerative joint disease and degenerative disc disease. There is no documentation of examination of the cervical spine. His medications include Carisoprodol, Hydrocodone, Meloxicam, Norco, and Omeprazole. The treatment plan included continuation of his present medications. His chronology of care states

on 04/27/2015 that he has no new complaints, and needs to have ESI of the cervical spine. A request for authorization was made for the following: Cervical ESI with Fluoroscopic Guidance, Levels Unknown.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical ESI with Fluoroscopic Guidance, Levels Unknown:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

**Decision rationale:** Regarding repeat epidural injections, guidelines state that repeat blocks should be based on "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks," with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is indication that previous epidural injection was done in April 2015. But there is no documentation of functional improvement and reduction in medication use for at least six weeks. In the absence of such documentation, the currently requested repeat epidural steroid injection is not medically necessary.