

<b>Case Number:</b>	CM15-0140424		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

This 60 year old male sustained an industrial injury to the neck and shoulder on 12-15-11. Previous treatment included right shoulder rotator cuff repair (1-29-14), physical therapy, acupuncture, injections, home exercise and medications. Magnetic resonance imaging cervical spine (6-20-12) showed multilevel disc bulges with neural foraminal stenosis and central canal stenosis. X-rays of the cervical spine showed mildly decreased cervical lordosis with mild degenerative changes and mild foraminal narrowing. In a progress noted dated 7-1-15, the injured worker complained of neck and right shoulder pain, rated 7 out of 10 on the visual analog scale with medications. Physical exam was remarkable for cervical spine with decreased cervical lordosis, tenderness to palpation extending to the trapezius, trigger point areas to the left paraspinal musculature and decreased cervical spine range of motion. Examination of both shoulders showed decreased and painful range of motion with tenderness to palpation to the right biceps tendon and positive right impingement and Hawkin's tests. Neurologic exam revealed normal sensation to light touch in all dermatomes of bilateral upper extremities, with 5 out of 5 motor strength with the exception of muscles of the right shoulder that were limited due to pain. Current diagnoses included cervical spine sprain/strain superimposed on mild cervical spine spondylosis and right shoulder rotator cuff tear. The physician noted that the injured worker had not followed up with pain management. A previous cervical spine epidural steroid injection approval had expired. The treatment plan included re-requesting a pain management evaluation and requesting authorization for cervical spine epidural steroid injections and magnetic resonance imaging.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One cervical epidural steroid injection:** Overturned

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

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

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of radiculopathy. The patient has motor strength of only 4/5 on the right as opposed to the left rotator cuff musculature. The patient has radiating pain to the right shoulder with axial loading. Furthermore, the 6/20/12 cervical MRI does show a 3mm HNP with right neuroforaminal narrowing, which would support radiculopathy. With regard the utilization reviewer's objection to no specification of the proposed level of the epidural steroid injection, many guidelines recommend entry at standard levels of C7-T1 or C6-7 and either the use of catheter or increased injectate volume to reach the target levels; higher levels of CESI are generally considered much riskier due to a smaller epidural space. As the date of injury is remote, the patient appears to have undergone prior conservative care. The currently requested cervical epidural steroid injection is medically necessary.