

<b>Case Number:</b>	CM15-0146667		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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

### 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 48 year old female, who sustained an industrial injury on 12-8-2010. She reported pain in her neck, shoulders and back. Diagnoses have included disorders of bursae and tendons in the shoulder region unspecified, cervical disc displacement without myelopathy and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included acupuncture, left shoulder surgery, physical therapy and medication. According to the progress report dated 7-14-2015, the injured worker complained of pain in arms and hands associated with tingling, numbness and weakness in the right shoulder-arm. The injured worker was status post left shoulder surgery on 5-21-2015. She was taking Ibuprofen for pain. Exam of the left shoulder revealed reduced range of motion and tenderness to palpation. Exam of the cervical spine revealed full range of motion. Authorization was requested for C7-T1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C7-T1 Epidural Steroid Injection 60 days extension:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated treatment /Disability Duration Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits with normal cervical range or significant findings of radiculopathy by symptoms or exam collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic 2010 injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The C7-T1 epidural steroid injection 60 days extension is not medically necessary and appropriate.