

<b>Case Number:</b>	CM15-0160195		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Occupational Medicine

### 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 71-year-old male who sustained a work related injury July 11, 2012. Past history included diabetes, hypertension, hyperlipidemia, and right shoulder surgery June, 2014. A cervical MRI, dated July 9, 2015 (report present in the medical record) revealed C3-C4 5 mm left paracentral extrusion extending 3 mm inferiorly and 2 mm superiorly from the intervertebral disc level causing severe central canal stenosis and mild bilateral neural foraminal narrowing. An MRI of the left shoulder dated April 8, 2015 showed an extensive tear and restriction of the long head biceps tendon to the intertubercular groove. There is fraying and tendinopathy and tear at the superior glenoid labrum and biceps tendon anchor, tear of the posterior lip of the glenoid labrum, equivocal tear at the posterior inferior glenoid labrum, partial tear at the lateral edge of the junction of the supraspinatus and infraspinatus tendons; degenerative joint disease and capsular hypertrophy at the right AC(acromioclavicular) joint; suspect grade I separation of tear in the capsule of the right AC joint. According to a treating physician's progress report, dated July 24, 2015, the injured worker presented for re-evaluation regarding his neck and shoulder pain. He rates his pain 7 out of 10 without medication and 5 out of 10 with medication. He is taking Norco for severe pain and keeps up with his home exercise program. Objective findings included; 5'7" 214 pounds; gait antalgic; right shoulder-no swelling, moderate tenderness and muscle tightness posterior, limited abduction due to pain, Hawkin's and Neer's are positive on the right; cervical spine-sensation intact but diminished left arm, moderate tenderness and spasm over the paraspinals, tenderness over the facet joints, limited rotations due to pain, especially

with flexion. Impressions are SLAP lesion of the shoulder; shoulder impingement syndrome; right shoulder pain' acromioclavicular joint arthritis; cervical degenerative disc disease; cervical stenosis. At issue, is the request for authorization for an interlaminar cervical epidural injection C6-7 and Norco.

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

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

**Interlaminar CESI at C6-7 with conscious sedation and fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 175, 181, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter - Epidural steroid injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Epidural Steroid Injections.

**Decision rationale:** ODG does not recommend cervical epidural steroid injections based upon the lack of efficacy and the significant risks associated with the procedure. The MRI interpretation of the neck does not reveal any findings, which support the presence of a pinched nerve in the neck. There is evidence of central canal stenosis without spinal cord compression. The reported physical exam findings do not correspond to the imaging study interpretations. Therefore, there is no evidence that a radiculopathy is responsible for any component of the pain in the upper extremity for which extensive treatment of the shoulder has been provided. This request for a cervical epidural steroid injection is not supported by evidence based guidelines nor the clinical information provided in the medical record. This request for a cervical epidural steroid injection is not medically necessary.