

<b>Case Number:</b>	CM15-0160956		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/10/2015
<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

### 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 is a 36 year old male with a July 24, 2010 date of injury. A progress note dated July 28, 2015 documents subjective complaints (bilateral shoulder pain; worsening neck pain), objective findings (decreased cervical rotation to the left and extension; wearing ice pack for the left shoulder), and current diagnoses (frozen left shoulder status post Bankart procedure on October 9, 2010; persistent left shoulder pain, right shoulder pain; severe neck pain, left parascapular pain, anterior chest wall pain; numbness and tingling in the left arm; mild to moderate cervical spine stenosis; significant depression and anxiety; neurological deficit of the bilateral upper extremities; chronic left elbow pain). Treatments to date have included right shoulder surgery, shoulder therapy, neck therapy, imaging studies, and medications. The treating physician documented a plan of care that included a translaminar epidural steroid injection to C6-7 with a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 translaminar epidural steroid injection at C6-7 level with a pain management specialist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Epidural steroid injection (ESI).

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

**Decision rationale:** The patient presents with bilateral shoulder and neck pain. The request is for 1 Translaminar epidural steroid injection at C6-7 level with a pain management specialist. The request for authorization is dated 08/05/15. Physical examination reveals full range of motion in cervical and lumbar spine except for cervical rotation to left 60 degrees and extension 40 degrees with cervical spine. No tenderness to palpation in cervical spine or any spasm today. Grip strength is intact. Motor examination 5/5 both upper deltoids, biceps, triceps, wrist extensors, wrist flexors, and interossei muscles. He is waiting for further surgery to the right shoulder. He has tried a course of therapy already for the shoulders after each surgery without resolution of his symptoms. Patient's medications include Wellbutrin, Lyrica, Zanaflex, Trazodone, and Lidoderm Patch. Per progress report dated 07/28/15, the patient is temporarily totally disabled. MTUS has the following regarding ESI's, under its Chronic pain Section, Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, 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. Per progress report dated 07/28/15, treater's reason for the request is "for treatment of his neck pain where he has significant stenosis seen on the MRI." Review of provided medical records show no evidence of a prior Translaminar Epidural Steroid injection. MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Physical examination reveals full range of motion in cervical and lumbar spine except for cervical rotation to left 60 degrees and extension 40 degrees with cervical spine. No tenderness to palpation in cervical spine or any spasm today. Grip strength is intact. Motor examination 5/5 both upper deltoids, biceps, triceps, wrist extensors, wrist flexors, and interossei muscles. Although treater makes reference to an MRI, no imaging studies are provided for review. In this case, physical exam finding show no neurologic deficits in this patient, radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, the request is not medically necessary.