

<b>Case Number:</b>	CM15-0048547		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 32 year old female, who sustained an industrial injury on 09/30/2013. She reported pain in her bilateral shoulders. Treatment to date has included medications, cortisone injections, MRI, electromyography, physical therapy and ultrasound therapy. Currently, the injured worker complains of cervical spine pain, pain in the right posterior scapula that radiated into the right upper extremity in the first, fourth and fifth digits, associated with numbness and tingling in the same distribution and associated weakness in the right shoulder. Pain was rated 7-8 on a scale of 1-10. Diagnoses included cervical stenosis, cervical radiculitis, myofascial pain and left shoulder strain rule out superior subscapular bursitis. Treatment plan included cervical epidural steroid injection and right intra-articular shoulder injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, and 181, Table 8-8.

**Decision rationale:** Per guidelines, ESI may be an option to defer surgery; however, submitted report has not shown any surgical lesion on MRI or myotomal and dermatomal correlation on clinical examination. 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). Radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, which was not established here as the MRI showed minimal foraminal narrowing on left, without canal stenosis and does not correlate with diffuse motor weakness or involve shoulder complaints. The Cervical epidural steroid C7-T1 is not medically necessary and appropriate.