

<b>Case Number:</b>	CM15-0049287		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/17/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 63 year old male who sustained an industrial injury on 02/17/1997. Diagnoses include complex regional pain syndrome in the upper extremities, left shoulder pain status post left arthroscopic and open subacromial decompression revision and distal left clavicle resection done 7/29/2013, cervical sprain/strain, with bilateral neuroforaminal stenosis C4 through C5 per Magnetic Resonance Imaging 10/11/2013, status post rotator cuff repair x 2 on both shoulders, and status post repeat left shoulder surgery, C5-C6 radiculopathy, and status post opioid detoxification. Treatment to date has included cervical steroid injection, stellate ganglion block, diagnostics, medications, surgery to both shoulders, and therapy. A physician progress note dated 02/25/2015 documents the injured worker complains of worsening pain over the cervical spine and left greater than right upper extremity. Pain is sharp and burning and travels down the arms to the fingertips. Pain is rated 5 out of 10 with medications, and 9 out of 10 without medications. With medications pain is reduced 50 % and function is increased. With the last cervical epidural steroid injection given in June of 2014 the injured worker obtained about 70% improvement in symptoms for approximately seven months. Treatment requested is for C5-C6 epidural steroid injection under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 Epidural Steroid Injection under Fluoroscopic guidance: Upheld**

**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:** The 63 year old patient presents with pain in cervical spine and left greater than right upper extremity, as per progress report dated 02/25/15. The request is for C5-C6 EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE. The RFA for the case is dated 02/27/15, and the patient's date of injury is 02/17/97. The patient is status post left shoulder arthroscopic surgery on 10/15/12, and status post 2 rotator cuff repairs to bilateral shoulders with a repeat left shoulder surgery on 10/15/12, as per progress report dated 02/25/15. The pain is rated at 9/10 without medications and 5/10 with medications which include Gabapentin, Lidocaine patches and Cymbalta. Diagnoses included complex regional pain syndrome of left upper extremity, cervical sprain/strain, and C5-C6 radiculopathy. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," The Guidelines also state that "Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a series of three ESIs. These early recommendations were primarily based on anecdotal evidence." In this case, the patient suffers from pain in cervical spine that radiates to left greater than right upper extremity, as per progress report dated 02/25/15. An EMG study dated 11/04/10 revealed C5-6 radiculopathy. The report also states that the patient has had several epidural steroid injections several years ago with greater than 70% relief for several years. The physician also states that the patient has received another left C5-6 epidural steroid injection on 06/19/14 with 70% improvement in symptoms. However, there is no discussion regarding objective improvement in function and medication reduction, which is required by MTUS on page 46 for repeat injections. Hence, the request IS NOT medically necessary.