

<b>Case Number:</b>	CM15-0083641		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 male, who sustained an industrial injury on 10/23/12. He reported initial complaints of left shoulder. The injured worker was diagnosed as having cervical radiculitis; resolving left shoulder impingement syndrome. Treatment to date has included physical therapy; Left C5-6 transforaminal epidural steroid injection (9/11/13 and 11/11/13); medications. Diagnostics included Cervical spine MRI (1/15/13); EMG/NCV upper extremities (5/17/13). Currently, the PR-2 notes dated 2/27/15 indicated the injured worker is being seen for an initial orthopedic evaluation of the left shoulder. Treatment to date has been anti-inflammatory, physical therapy, home exercise and a cortisone injection. All of the treatment proves to be temporary and he has not improved. He continues with moderate subacromial pain that is exacerbated with reaching, lifting and pushing. Most of his pain occurs during the course of the day and has occasional pain at night. These notes demonstrate a clinical history of hypertension and deny any respiratory, heart disease or diabetes and states he does not smoke. Objective findings are documented as tenderness about the subacromial bursa. There is positive Neer, Hawkin's and Jobe impingement sign. There is a positive acromioclavicular joint stress test, abduction grade 4/5, and external rotation grade 4/5 with range of motion right/left forward flexion 180/160, abduction 180/160, and external rotation 90/70. The left shoulder also demonstrates a positive O'Brien's test. The provider documents Left shoulder MRI shows fluid in the subacromial bursa and there are signal changes seen within the rotator cuff and acromial and clavicular spur. The provider recommended a left arthroscopic acromioplasty and distal clavicle resection. These notes were all regarding his left shoulder. The injured worker has had Left C5-6 transforaminal epidural steroid injection on 9/11/13 and 11/11/13. There is a PR-s note dated 10/16/14 that includes documentation of moderate neck pain and left shoulder pain. The provider is requesting routine follow-up and Cervical ESI of Left C3-4, C4-5 and C5-6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Routine follow up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined, as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of follow-up visits is not medically indicated for this chronic injury. The Routine follow up is not medically necessary and appropriate.

**Cervical ESI of Left C3-4, C4-5 and C5-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

**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 Electro diagnostic testing, not clearly established here. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this chronic 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 Cervical ESI of Left C3-4, C4-5 and C5-6 are not medically necessary and appropriate.

