

<b>Case Number:</b>	CM15-0089943		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 an 81 year old female, who sustained an industrial injury on 08/24/2009. She fell and sustained injuries to her right shoulder, head/face, neck and thoracic and lumbar spine. She underwent surgery for the right shoulder and postoperative physical therapy. According to a progress report dated 03/31/2015, the injured worker was seen in follow up of her cervical spondylosis and right shoulder discomfort following rotator cuff repair. Her symptoms varied day to day. She continued to have ongoing neck pain and right shoulder symptoms. Right shoulder pain was improved with the subacromial cortisone injection. She complained of occasional numbness and tingling on the dorsal forearm and hand, right greater than left. She had a previous epidural injection which provided good relief. She continued to utilize Relafen and Norco. Examination of the cervical spine revealed range of motion of 50 percent rotation bilaterally. Neurologic examination of the upper extremities revealed symmetrically depressed deep tendon reflexes. Motor strength was 5-/5 in all muscle groups. She had a slight decreased sensation in the dorsal forearm and hand, right greater than left. Impression was noted as right shoulder pain and weakness status post rotator cuff repair and cervical spondylosis with radiculopathy right greater than left. Treatment to date has included medications, MRI and cervical epidural steroid injection on 10/14/2014. Treatment plan included continued use of Relafen and occasionally Norco and repeat cervical epidural steroid injection. Currently under review is the request for epidural of bilateral cervical 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:

**Epidural of Bilateral Cervical C4-5 and C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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 this case, the claimant had an MRI in July 2014 that showed central canal stenosis. The claimant did have radicular symptoms but within a month the claimant's pain was 6-8/10. According to the ACOEM guidelines, ESI are not recommended due to their short-term benefit. The request for another ESI is not medically necessary.