

<b>Case Number:</b>	CM15-0241839		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old female who sustained an industrial injury on 1-16-14. A review of the medical records indicates she is undergoing treatment for cervicalgia, right shoulder impingement syndrome, status post right shoulder arthroscopy with acromioplasty, and left shoulder impingement syndrome. Medical records (6-5-15, 7-17-15, 8-21-15, and 11-12-15) indicates complaints of right shoulder pain, rating "3 out of 10" with medications and "4 out of 10 without medications", left shoulder pain, rating "2 out of 10" with medications and "3 out of 10" without medications, and neck pain, rating "3 out of 10" with medications and "5 out of 10" without medications. The chiropractic notes (11-4-15, 11-6-15, and 11-11-15) indicate that the neck pain radiates to the right arm and right forearm with associated numbness in her right hand. The physical exam (11-12-15) reveals "no evidence" of tenderness or spasm of the paracervical muscles or spinous processes. No tenderness is noted over the base of the neck or skull, and no tenderness over the trapezius musculature bilaterally, over the interscapular space, or over the anterior cervical musculature. Sensation is noted to be "intact" in bilateral upper extremities. Motor strength is noted to be diminished in the right elbow extension. Diagnostic studies have included MRIs of the right shoulder and cervical spine. Treatment has included medications, a cortisone injection in the right shoulder, chiropractic treatment, and modified work duty. Treatment recommendations include a cervical epidural steroid injection at C6-7. The utilization review (11-25-15) includes a request for authorization of a cervical epidural steroid injection at C6-7. The request was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical epidural steroid injection C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter on Cervical & Thoracic spine disorders; section on Diagnostic investigations, Epidural steroid injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in January 2014 and underwent a right rotator cuff repair in August 2014. An MRI scan of the cervical spine on 11/09/15 showed findings of mild to moderate degenerative canal stenosis at C5/6 and C6/7 with mild to moderate foraminal narrowing with left lateralization at C6/7. There was multilevel annular fissuring. When seen in November 2015 present complaints were neck and bilateral shoulder pain rated at 3-5/10 without medications and 2-3/10 with medications. Physical examination findings included intact upper extremity sensation and reflexes. There was decreased right elbow extension strength. Authorization is being requested for a cervical epidural injection at C6/7. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, current complaints recorded were that of neck and bilateral shoulder pain without radicular pain. The claimant's right elbow extension weakness does not correlate with the left lateralized findings by MRI. The requested cervical epidural steroid injection is not considered medically necessary.