

<b>Case Number:</b>	CM14-0120238		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41 year-old female, who sustained an injury on September 14, 2005. The mechanism of injury is not noted. Diagnostics have included: April 12, 2014 CT scan of the cervical spine reported as showing previous fusion. Treatments have included: 2008 cervical fusion, May 30, 2014 left shoulder acromioplasty/rotator cuff repair, medications, physical therapy. The current diagnosis is: s/p left shoulder acromioplasty/rotator cuff repair. The stated purpose of the request for inject spine cerv/ thoracic was not noted. the request for inject spine cerv/ thoracic was denied on July 23, 2014, citing a lack of documentation of exam and diagnostic findings indicative of radiculopathy. Per the report dated June 27, 2014, the treating physician noted complaints of neck pain with radiation to the left upper extremity. Per the report dated August 7, 2014, the treating physician noted that the injured worker is s/p left rotator cuff repair. Exam findings included left shoulder abduction and forward elevation to 120 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECT SPINE CERV/ THORACIC:** Upheld

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

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

**Decision rationale:** The requested Inject Spine Cerv/ Thoracic, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "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)." The injured worker has neck pain with radiation to the left upper extremity. The treating physician has documented left shoulder abduction and forward elevation to 120 degrees. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Inject Spine Cerv/ Thoracic is not medically necessary.