

<b>Case Number:</b>	CM15-0010879		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 52 year old male, who sustained an industrial injury on 8/29/2012. The current diagnoses are left shoulder pain, left shoulder impingement syndrome, and status post left shoulder arthroscopy with rotator cuff repair (8/14/2014). Currently, the injured worker complains of left shoulder pain. The pain is rated 4/10 on a subjective pain scale. Current medications are Flexeril, Naproxen, and Gabapentin. Treatment to date has included medications, physical therapy, 10 acupuncture treatments, 2 cervical epidural steroid injections, trigger point injections, home exercise program, sling, and surgery. The treating physician is requesting cervical epidural steroid injection (unspecified level) and 8 additional acupuncture treatments to the cervical spine and left shoulder, which is now under review. On 1/20/2015, Utilization Review had non-certified a request for cervical epidural steroid injection (unspecified level) and 8 additional acupuncture treatments to the cervical spine and left shoulder. The California MTUS Chronic Pain and Acupuncture Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Epidural Steroid Injection (CESI), unspecified level(s) QTY:1.00: 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 ESI Page(s): 46-47. Decision based on Non-MTUS Citation chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic'

**Decision rationale:** The patient presents with left shoulder pain. The request is for CORTISONE EPIDURAL STEROID INJECTION (CESI), UNSPECIFIED LEVEL(S) QTY: 1.00. Patient is status post left shoulder arthroscopic surgery 08/14/14. Physical examination to the left shoulder on 12/16/14 revealed tenderness to palpation at the AC joint. Hawkin's test was positive for the left shoulder. Based on the 12/08/14 QME letter, a 09/07/12 cervical MRI showed degenerative disc disease and facet atrophy, canal stenosis including C5-6 mild to moderate canal stenosis, neural foraminal narrowing at C6-7. A left shoulder MRI of 10/20/13 showed a 1 cm paralabral cyst likely associated with an occult labral tear. Patient's treatments include physical therapy, 12 acupuncture sessions, and two cervical epidural injections. Per 01/16/14 progress report, patient's diagnosis include status post left shoulder arthroscopy and rotator cuff repair, left shoulder pain and left shoulder impingement syndrome. Patient's medications include Celebrex and Norco, per 08/06/14 progress report. Patient is temporary totally disabled. 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 ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. Treater has not provided a reason for the request. Based on the QME letter dated 12/08/14, patient has had two cervical epidural injections, the first with slight pain relief for a week and the second with no relief. MTUS requires documentation of objective pain and functional improvement, including at least 50% pain relief with associated reduction of medication use. In this case, there was no improvement reported with the second cervical epidural injection. Therefore, the request does not meet MTUS guidelines and IS NOT medically necessary.