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| <b>Case Number:</b>   | CM15-0017829 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 03/28/2002 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2015 |

### 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, Hawaii  
 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 56 year old female who sustained an industrial injury on 03/28/2002. The current diagnoses include C5-C6 degenerative disc disease-cervical, and right scapular dyskinesia. Treatments to date include medication management and physical therapy. Physical examination was positive for abnormal findings. Report dated 01/06/2015 noted that the injured worker presented with complaints that included neck and shoulder pain. The utilization review performed on 01/13/2015 non-certified a prescription for 1 cervical epidural steroid injection of C5-6 under fluoroscopy guidance, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Chronic Pain Disorder Medical Treatment Guidelines, [REDACTED] Department of Labor and Employment in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection of C5-6 under fluoroscopy guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the neck and shoulder. The current request is for Cervical epidural steroid injection of C5-6 under fluoroscopy guidance. The treating physician report dated 1/6/15 (9A) states, "I believe the scapular discomforts are related to right shoulder pathology but it may be related to neck origin now recommending ESI for diagnosis and or treatment and if no improvement, video right shoulder." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided do not show that the patient has received a previous ESI at the C5-6 level. In this case, the patient presents with neck pain, but there was no discussion of radiculopathy in the requesting treating physician report. The current request does not satisfy the MTUS guidelines as outlined on page 46 as radiculopathy must be documented during physical examination. Recommendation is for denial.