

<b>Case Number:</b>	CM15-0113902		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/28/2015
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Emergency Medicine

### 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 was a 25 year old female, who sustained an industrial injury, February 28, 2015. The injury was sustained when the injured worker was pulling some metal out of a pile of trash and the injured worker felt pain in the shoulder. The injured worker previously received the following treatments Tramadol, Nabumetone, Flexeril, icy hot, 12 sessions of physical therapy with minimal effect, daily walking and home exercise program. The injured worker was diagnosed with left shoulder pain, back pain and cervical disorder. According to progress note of April 23, 2015, the injured worker's chief complaint was left shoulder and upper back pain. The left shoulder blade pain was described as moderate, constant, achy and sharp pain. The pain radiated to the left side of the rib cage and back locking and night pain. The pain was aggravated by overhead use, heavy lifting, painful to touch and sleeping on the involved side. Relieving factors none. The physical exam of the cervical spine noted full range of motion and without crepitus. The inferior border of the scapula had mid-moderate soft tissue tenderness to palpation, palpable spasms and point tenderness. The pain radiated to the ribs. The physical exam of the shoulders was negative for any findings. The treatment plan included referral for epidural steroid injection for the thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for epidural steroid injection to the thoracic/lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 1 and 92, Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI) Page(s): 46.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Request for referral to pain management for epidural steroid injection. As per MTUS Chronic pain guidelines most basic criteria for ESI recommendation would be signs of radiculopathy. Provider has failed to document any physical exam or any objective tests that is consistent with radiculopathy. There is no indication for a referral to a specialist for a test that does not meet any criteria for recommendation. The request is not medically necessary.