

<b>Case Number:</b>	CM15-0113956		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/26/2015
<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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 is a 45 year old female, who sustained an industrial injury on 03/20/2014. She reported cumulative trauma to the right shoulder, right elbow, right forearm, right wrist, and head secondary to repetitive use of the right upper extremity during work activities. The injured worker was diagnosed as having cervicgia, brachial neuritis or radiculitis not otherwise specified, headaches, pain involving the shoulder region, disorders of the bursae and tendons in the shoulder regimen specified on magnetic resonance imaging, and status post right shoulder surgery. Treatment and diagnostic studies to date has included status post right shoulder surgery, magnetic resonance imaging of the cervical spine, medication regimen, physical therapy, electromyogram with nerve conduction study, magnetic resonance imaging of the right shoulder, x-rays of the right shoulder, chiropractic therapy, and acupuncture. In a progress note dated 05/11/2015 the treating physician reports complaints of constant, pulsing, burning pain to the right shoulder that radiates to the neck, right elbow, and right hand. The pain is rated a 7 out of 10. Examination reveals positive shoulder impingement test, positive Hawkin's test, positive Neer's test, positive foraminal compression test, positive shoulder depression test, positive cervical distraction, tenderness to the right acromioclavicular joint, tenderness to the right paraspinal muscles at cervical one through thoracic three, decreased range of motion to the right shoulder, and decreased range of motion to the cervical spine. The treating physician requested cervical epidural steroid injection at cervical five to six (laterality unspecified), as an outpatient, but the documentation provided did not indicate the specific reason for the requested treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection, C5-C6 (laterality unspecified), as an outpatient:** 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 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for cervical epidural steroid injection at C5/6, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are recent subjective complaints and physical examination findings supporting a diagnosis of possible radiculopathy at C5/6, however an MRI shows a minor disc bulge at C6/7 not C5/6 and electrodiagnostic studies do not support a diagnosis of radiculopathy. Therefore, the currently requested cervical epidural steroid injection at 5/6 is not medically necessary.