

<b>Case Number:</b>	CM15-0175256		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58 year old male, who sustained an industrial injury on April 12, 2014. He reported left shoulder pain. The injured worker was diagnosed as having other specified disorders of bursae, status post rotator cuff repair noted on magnetic resonance imaging (MRI) on March 1, 2015 and tendons in shoulder region and pain in joint, shoulder region. Treatment to date has included diagnostic studies, radiographic imaging, medications and work restrictions. Currently, the injured worker continues to report neck pain, migraines, left knee pain and swelling, left shoulder pain with decreased range of motion and associated moderate pain and numbness radiating down the left arm. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. Evaluation on June 1, 2015, revealed continued pain as noted. He rated his pain at 7 on a 1-10 scale with 10 being the worst. Pain medications were continued. Evaluation on July 6, 2015, revealed continued pain as noted. Evaluation of the left shoulder revealed decreased range of motion with flexion at 103 degrees, abduction at 125 degrees, internal rotation at 45 degrees, external rotation at 50 degrees, extension at 30 degrees and adduction at 30 degrees. Cervical spine range of motion was near normal limits. There was noted positive left shoulder impingement, bicipital tendinitis, painful supraspinatus isolation test and positive lift off test. Work restrictions were continued. Physical therapy and an inferential unit were recommended and medications were continued. Evaluation on August 5, 2015, revealed continued pain as noted. Physical therapy was ordered. The RFA included requests for Cervical Epidural Steroid Injection, Qty 1 and was non-certified on the utilization review (UR) on August 17, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical Epidural Steroid Injection, Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy; if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections". The physical exam and diagnostic imaging does not corroborate cervical radiculopathy for which the procedure was requested; therefore, the requested service is not medically necessary.