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| Case Number: | CM13-0020254 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 08/29/2011 |
| Decision Date: | 01/31/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old female who reportedly suffered an injury on 08/29/11 while loading boxes of printer paper onto a cart. Reportedly, she suffered injuries to her shoulders, neck, and hips. The question was to determine the medical necessity of A. Right shoulder arthroscopy, B. Cervical epidural steroid, and C. Lumbar epidural steroid injection. The records reflect that imaging studies, which document evidence of supraspinatus tendonitis in association with AC joint arthrosis as well as labral pathology. MRI scan of the cervical spine from January of 2012 reveals varying degrees of degenerative changes in the cervical spine with neuroforaminal stenosis with intact of the exiting left C5 nerve root. Lumbar spine MRI from January of 2012 reveals multilevel degenerative changes with some degree of neuroforaminal stenosis at multiple levels, particularly on the right at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right shoulder arthroscopic decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Section, Acromioplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The ACOEM and MTUS Guidelines would recommend shoulder arthroscopy for individuals who have failed at three to six months of conservative care and have a constellation of clinical complaints that are well supported by exam findings and imaging studies findings. There is a concern in this particular case as to whether or not the patient's pain complaints are actually coming from the neck or the shoulder. This would be evidence based on the request, not only for shoulder surgery, but also to perform epidural steroid injections. Unfortunately, there is insufficient documentation in the records that clearly identify that the shoulder as the conclusive pain generator. Reportedly, this patient has had an injection to the shoulder, but there is no documentation as to how that affected the neck or cervical complaints. As such, there is no convincing evidence that this patient truly suffers from intrinsic shoulder pathology that would support proceeding with arthroscopic subacromial decompression at this point in time.

1 Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The evidence based MTUS and ACOEM Guidelines state that indications for lumbar epidural steroid injections would be based on evidence of radiculopathy. This would include a constellation of clinical complaints and supported findings on exam and imaging studies. The records in this particular case do not identify conclusive evidence of lumbar radiculopathy. In fact, the patient's pain complaints remain nonspecific and are poorly supported by objective findings on examination. The imaging studies largely reveal degenerative age related changes and do not themselves conclusively identify evidence of neurocompression. As such, based on the absence of correlation between imaging study findings, clinical complaints, and physical examination findings, the request for lumbar epidural steroid injection would not be supported in this case.

1 Cervical Spine Epidural Steroid Injection at left C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine, ESIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The evidence based ACOEM and MTUS Guidelines have recommended cervical epidural steroid injections would be indicated for patients who have clear evidence of cervical radiculopathy, which includes constellation of clinical complaints, objective findings on

examination, and documented evidence of neurocompression on imaging. While there are clearly abnormalities on imaging studies, the patient's pain complaints appear to be largely nonspecific and do not reveal conclusive objective findings of radiculopathy. Furthermore, although records suggest the patient has positive EMGs supportive of a diagnosis of radiculopathy, the only report that this reviewer could identify from May of 2013 did not identify evidence of cervical radiculopathy. As such, the patient's pain complaints appear to be largely nonspecific and do not support the diagnosis of cervical radiculopathy. As such, the request for epidural steroid injection would not be considered reasonable and medically necessary.