

<b>Case Number:</b>	CM13-0026867		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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:

The injured worker is a 53 year old male who sustained injuries to his neck and left shoulder on 11/04/11. The mechanism of injury was not documented. A progress report dated 11/02/13 noted that the injured worker continued to complain of mainly left shoulder pain associated with weakness, range of motion deficits, and decreased functionality. Physical examination noted positive Neer test, positive apprehension and empty can tests; left shoulder flexion/extension range of motion decreased. Medications included Robaxin, ibuprofen and Gralise. The injured worker was referred to a specialist and diagnosed with rotator cuff problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The level, laterality, and whether the injection was cervical or lumbar were not specified in the request. There was no imaging study provided for review. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by

physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that the patient must initially be unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. Given the clinical documentation submitted for review, the request for epidural steroid injection is not medically necessary.

**ACUPUNCTURE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture is not medically necessary. The frequency/duration was not specified in the request. The California Medical Treatment Utilization Schedule (CAMTUS) states that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of acupuncture therapy visits. Given this, the request acupuncture is not indicated as medically necessary.