

Case Number:	CM13-0045974		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2001
Decision Date:	03/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 60 year male with a date of injury of 11/20/2001. The listed diagnoses per [REDACTED] dated 10/17/2013 are cervical pain, bilateral shoulder pain, bilateral carpal tunnel syndrome and surgical intervention, bilateral myofascial pain syndrome, degenerative joint and disc disease of the cervical spine, myofascial pain syndrome of the lumbosacral spine, degenerative joint degenerative disease of the lumbosacral spin, classic radiculopathy of the L4-% dermatome radiating down to this foot, insomnia, c chronic muscle spasms of shoulder and lumbosacral spine, and c chronic depression and anxiety. According to report dated 10/17/2013 by [REDACTED], the patient presented with "Lumbosacral spine pain with a complete flare up in exacerbation such as that is radiating from the Lumbosacral spine into the biox down both biox area an into his thighs, radiating to the lateral aspect of the thigh comes across both knees and extends down to the big toe, on both sides the pain feels like pins and needles." Examination of the cervical spine showed decreased ROM including lateral rotation and flexion and extension of 30 degrees with pain in all directions. In terms of the shoulders, patient can internally rotate and externally rotate at both shoulders however the left demonstrates significant pain. "He can also elevate the right shoulder to 180 and only elevate the left shoulder to about 90 without having significant pain which is classic for shoulder entrapment syndrome". Examination of the lumbarosacral spine revealed flexion 75/90 and extension 10/30. Patient was noted to have sciatic pain especially with flexion and extension and "pain at all extremes of range of motion." The treater is requesting ESI to lumbar spine and cortisone injection for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar spine epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The MTUS Chronic Pain Guidelines regarding ESIs indicate "recommended as an option for treatment of radicular pain." Under criteria for use it states, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Medical records provided for review show the patient received bilateral S1 epidural steroid injections on 04/16/2013 and 08/13/2013. Subsequent progress reports dated 06/24/2013, 07/18/2013 and 10/17/2013 do not provide any details regarding the percentage of pain relief, duration of relief or any reduction in medications. A report dated 10/17/2013 does state lumbar ESIs have been "extremely beneficial" and they are apparently "court ordered", and the request is made for 2-3 on an annual basis. None of the progress reports provided for review include "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks" as required for repeat injections by MTUS Chronic Pain Guidelines. The requested lumbar epidural steroid injection is not medically necessary and appropriate.

One cortisone injection for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation the Official Disability Guidelines.

Decision rationale: ACOEM Guidelines state "Two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area (e.g., impingement)". The Official Disability Guidelines on shoulder steroid injections state "recommended up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. According to the medical records provided for review, the patient has a history of left shoulder bursitis, surgery and arthritis. Medical records indicate, "The patient has had 2 or 3 subdeltoid/subacromial bursal injections over the last couple of years. They have provided him with months of relief." Medical records show the patient received cortisone injections to the left shoulder on 04/11/2013 and 07/18/2013. Both procedural reports state "improved condition" and "patient had immediate improvement of his symptoms." It has been

over 6 months since last injection; a cortisone injection into the left shoulder is warranted at this time. The requested cortisone injection is medically necessary and appropriate.