

Case Number:	CM13-0058524		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	05/08/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/27/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This patient is a 52-year-old with a date of injury of October 17, 2012. The listed diagnoses per [REDACTED] are lumbar discogenic disease, bilateral facet disease at L3-L4, L4-L5, and L5-S1, and right shoulder SLAP (superior labrum anterior to posterior) tear documented by MR arthrogram. According to report dated October 12, 2013 by [REDACTED], the patient presents with low back and shoulder pain. The patient is currently taking Norco 10 mg and Soma 350 mg, although they have not given her pain relief. It was noted that the patient had a second MR arthrogram of the shoulder on August 20, 2013 that shows a SLAP tear of the right shoulder. She also has ongoing low back pain that radiates into her right leg, buttocks and toes. The patient has pain and loss of sensation in the L4-L5 nerve root distribution, and patient states she has been "stumbling on her right leg in the past few months." Examination of the lumbar spine revealed "grossly abnormal." The patient has marked spasms of her right latissimus dorsi compared to her left, 3/4 positive on the left and 4/4 on the right. She has decreased flexion to 45 degrees and extension is 0 degrees. The patient has pain in the low back on rotation and loading facet joint. She has positive rotations reasonable at 30 degrees bilaterally with pain going down right leg. Straight leg raise is positive on the right side at 45 degrees and negative on the left at 45 degrees. MRI of the lumbar spine from June 4, 2013 revealed, mild multilevel lumbar intervertebral degenerative disc disease. No dominant HNP, central canal or neural foraminal stenosis. L4-5 and L5-S1 showed facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO CONSULTATION FOR FURTHER DIAGNOSTICS AND TREATMENT:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: This patient presents with low back and shoulder pain. Treater is requesting an orthopedic consultation for further diagnostics and treatment for the recently revealed SLAP tear. The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM Guidelines further states, "Referral to a specialist is recommended to aid in complex issues." In this case, the treater is concerned about patient's SLAP tear of the right shoulder per MR arthrogram from August 20, 2013. A specialty evaluation is medically reasonable and consistent with the guidelines. The request for an orthopedic consultation for further diagnostics and treatment is medically necessary and appropriate.

EPIDURAL STEROID INJECTION @ L4-5, 2 VISITS AT AN OUTPATIENT FACILITY UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: This patient presents with low back and shoulder pain. Treater is requesting an epidural steroid injection at L4-L5 and L5-S1. The Chronic Pain Medical Treatment Guidelines recommends "ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." Report from October 12, 2013 states patient has some radiating pain with a positive straight leg raise on the right. However, the MRI showed only mild multilevel lumbar intervertebral degenerative disc disease. There is no significant herniation or stenosis that would explain the patient's diffuse lower extremities pains and symptoms. The Chronic Pain Medical Treatment Guidelines requires a clear diagnosis of radiculopathy that include dermatomal distribution of pain/paresthesia with corroborating imaging studies. Such documentation is not provided in this patient. The request for two visits at an outpatient facility for epidural steroid injections at L4-L5 under fluoroscopy is not medically necessary or appropriate.

