

<b>Case Number:</b>	CM13-0062828		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/17/1988
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, shoulder pain, and elbow pain reportedly associated with an industrial injury of March 17, 1988. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a wheel chair; long-acting opioid; a TENS unit; and genetic testing. In a utilization review report of November 29, 2013, the claims administrator denied a request for an upper extremity MRI, partially certified Soma for weaning purposes, denied an epidural steroid injection, approved a saliva genetic test of some kind, and conditionally denied a replacement of TENS unit. The applicant's attorney subsequently appealed. A November 12, 2013 progress note is notable for comments that the applicant is status post a recent epidural steroid injection. The applicant has had issues driving to office visits. He is exhausted the supply of medications. He has had difficulty using a wheelchair to move about. He is quite anxious. He is on Norco, Soma, Zoloft, and Dulcolax. He does only have one kidney, it is stated. The applicant looks quite anxious and is fatigued. He has a right above the knee amputation and has 4/5 muscle strength. He is having difficulty transferring. The applicant's shoulder and elbow are tender with decreased range of motion noted. He is given diagnoses of elbow pain, lower leg pain, sacroiliac joint pain, degenerative disk disease, facet arthropathy, phantom limb syndrome, and muscle spasm. Norco, Soma, an epidural steroid injection, and upper extremity MRI are sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LUMBAR EPIDURAL STEROID INJECTION WITH IV SEDATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Guidelines, repeat epidural blocks should be predicated on evidence of functional improvement with prior blocks. The attending provider did acknowledge that the applicant has had prior epidural steroid injections in 2013 itself. The applicant had, however, failed to receive any lasting benefit or functional improvement despite prior usage of the same. The applicant remains highly reliant on various medications including Soma, Norco, methadone, Ambien, Zoloft, etc. The applicant does not appear to have returned to work. Thus, there does not appear to have been any lasting benefit or functional improvement effected as a result of the prior epidural injection. Accordingly, the request for a repeat epidural injection is not medically necessary and appropriate.

**ONE PRESCRIPTION OF SOMA 350MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** As noted in the MTUS Chronic Pain Guidelines, carisoprodol or Soma is "not recommended" for chronic or long-term use purposes, particularly when employed in conjunction with opioid analgesics. In this case, the applicant is using a variety of opioid agents, including methadone and Norco. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request is not medically necessary and appropriate.

**MRI OF THE UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** While the ACOEM Guidelines do note that MRI imaging is "recommended" for preoperative evaluation of partial thickness or large full thickness rotator cuff tear, in this case, the nature, extent, severity, scope, and duration of the applicant's shoulder issues have not been detailed or characterized by the attending provider. It is not clearly stated whether the applicant is in fact considering a surgical remedy for his shoulder pain. It is not clearly stated

why MRI imaging is being sought or how it would impact or alter the treatment plan. Therefore, the request for shoulder MRI imaging is not medically necessary and appropriate.