

<b>Case Number:</b>	CM13-0064349		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/03/1993
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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 injured worker is a 74-year-old male who reported an injury on 02/03/1993. The mechanism of injury was not provided. On 03/27/2013, the injured worker presented with neck pain and a tingling sensation to the posterior aspect of the neck, right greater than left. He also had complaints of bilateral arm weakness throughout the bilateral arms and a tingling sensation to the lateral aspect of the forearm or ulnar as well as over the fourth and fifth digits bilaterally. Upon examination of the neck, there was pain and decreased range of motion. There was tenderness over the paraspinal muscles. Diagnoses were cervical strain, cervical disc disorder, cervical radiculopathy and acquired spondylolisthesis. Prior therapy included medications. The provider recommended lumbar epidural steroid injection; an epidurogram and one set of platelet enrich plasma. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 STEROID LUMBAR EPIDURAL INJECTION: 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 Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The request for one steroid lumbar epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts including continuing a home exercise program. There is no information on the improved function. The criteria for use of an epidural steroid injection include radiculopathy must be documented by a physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance. No more than two nerve root levels should be injected using transforaminal blocks. The clinical note lacks evidence of objective findings, radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination and corroborated by imaging studies. There is lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods and medication. The request did not indicate the use of fluoroscopy for guidance in the request and the site that the lumbar epidural steroid injection was intended for was not indicated as well as the number of injections. As such, the request is not medically necessary.

### **1 EPIDUROGRAM FOR THE BACK: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **1 SET OF PLATELET ENRICHED PLASMA INJECTION TO THE BILATERAL SHOULDERS: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulders, Platelet-rich plasma (PRP).

**Decision rationale:** The request for one set of platelet enrich plasma (PRP) injection to the bilateral shoulders is not medically necessary. The Official Disability Guidelines state that platelet rich plasma injections are under study as a solo treatment. It is recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. PRP has become popular among professional athletes because of promises to enhance performance, but there is no science behind it yet. As to platelet rich plasma injections are under study, the injection would not be warranted. As such, the request is not medically necessary.