

<b>Case Number:</b>	CM14-0011553		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 is a 50-year-old male with a 12/16/10 date of injury. A specific mechanism of injury was not described. The patient is status post left shoulder arthroscopy, subacromial decompression, rotator cuff repair, debridement, and AC arthroplasty on 8/29/13. A 12/6/13 lumbar spine MRI revealed mild bilateral neuroforaminal stenosis at L5-S1 as result of a small disc bulge and mild bilateral facet disease. There was mild disc desiccation at the same level. On 1/8/14 a determination was rendered for a modified certification to include certification of a right shoulder rotator cuff repair with AC arthroplasty and post-operative physical therapy two times per week for six weeks for right shoulder. The 1/31/14 progress report by [REDACTED] identified that the patient had increasing lumbar pain affecting this mobility and ability to perform daily tasks. Examination revealed spasms, tenderness, limited mobility, positive straight leg raise on the right, and EHL weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINE SPECIALIST CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** There is no clear indication for the medical necessity of a spinal surgeon consultation. While the MRI revealed mild neuroforaminal stenosis at L5-S1 and the most recent objective findings revealed a weak EHL on the right, there are no subjective findings or radiculopathy to correlate with these findings. There is no documentation of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. In addition, it is not clear that the patient was failed appropriate conservative treatment for the lumbar spine. The California MTUS recommends surgical consultation when there has been failure of conservative treatment to resolve disabling radicular symptoms. As such, the request is not medically necessary.

### **LUMBAR EPIDURAL STEROID INJECTIONS X 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA guidelines.

**Decision rationale:** The MRI revealed mild neuroforaminal narrowing at L5-S1 and the patient has EHL weakness on examination. No subjective findings of radicular pain in a dermatomal distribution correlating to these findings were available. There is no indication that sufficient conservative treatment for the lumbar spine has been done. In addition, the California MTUS Chronic Pain Medical Treatment Guidelines state that current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. As such, the request is not medically necessary.