MAXIMUS Federal Services

Case Number:	CM14-0119354		
Date Assigned:	09/24/2014	Date of Injury:	02/19/2009
Decision Date:	11/18/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgery and is licensed to practice in Indiana. 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 57-year-old female with a date of injury of 2/19/09. The worker complains of chronic left shoulder, neck, and low back pain with left-sided radicular leg pain and difficulty sleeping. The worker had an MRI of the left shoulder performed on 2/18/14 which revealed a curved and anteriorly downsloping acromion with a normal AC joint, and partial bursal surface tear of the supraspinatus tendon. On 7/10/14, the treating physician noted the worker to have a positive impingement sign, tenderness and decreased range of motion of the left shoulder. The exam of the lumbar spine revealed a positive straight leg raising test on the left with a positive Lasegue's sign, S1 radicular pain, and tenderness. According to the treating physician, the worker's low back and leg symptoms are "due to lumbar spinal stenosis as established by imaging studies, history and physical examination." Treatment by history has included oral medications, activity modification, physical therapy and prolonged rest. Medications currently prescribed include Norco 325 mg po bid, Anaprox 1 bid, Flexeril 7.5 mg one qhs, Colace, and Prilosec. The worker had normal electrodiagnostic testing, EMG/NCV, of both lower extremities dated 4/4/13. The worker is status post cervical fusion with a history of cervical discogenic disease, cervical facet arthrosis, and chronic cervical spine sprain/strain. The treating physician stated that the worker had failed conservative treatment including therapy, medication, and activity modification, but the specifics are not included in the medical records provided for review other than acupuncture treatments performed by a chiropractor. An MRI of the cervical spine dated 4/23/13 revealed a C3-4 central focal protrusion that abuts the thecal sac with patent neural foramina, a central disc protrusion that abuts the thecal sac at C4-5, a broad-based disc protrusion that abuts the spinal cord producing spinal canal narrowing and bilateral neuroforaminal narrowing at C5-6, a central caudally dissecting disc extrusion that indents the spinal cord producing spinal canal narrowing and a posterior annular tear/fissure at C6-7, with a

straightening of the cervical lordosis. The treating physician is requesting approval for a left shoulder open decompression for rotator cuff tear/impingement syndrome, 3 L5-S1 epidural blocks for lumbar discogenic disease and lumbar radiculitis, and a soft cervical collar for chronic cervical complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder open decompression for rotator cuff tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Impingement Syndrome, Rotator Cuff Tear, page(s) 210 - 211

Decision rationale: The injured worker has a history of impingement syndrome of the left shoulder with a partial bursal surface rotator cuff tear. According to the CA MTUS ACOEM Guidelines (2004) for impingement syndrome of the shoulder, surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections,can be carried out for at least three to six months before considering surgery. In this worker's case, the specifics and duration of conservative treatment are not defined and there is no mention of the use of cortisone injections. For these reasons, the guidelines have not been met and requested treatment is not medically necessary.

L5-S1 epidural blocks x 3: 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 Injections Page(s): 46.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. In addition, the criteria for the use of ESI include the following:Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion andthereby facilitating progress in more active treatment programs, and avoiding surgery, but thistreatment

alone offers no significant long-term functional benefit.1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.In this worker's case, the imaging study results are not available in the medical records provided for review and the electrodiagnostic testing of the lower extremities was normal, not confirming the radiculopathy. In addition, no more than 2 ESI injections are recommended by guidelines. For these reasons, the requested L5-S1 epidural blocks x 3 is not medically necessary as guidelines have not been met.

Soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: According to the CA MTUS ACOEM Guidelines for Initial Treatment of Neck and Upper Back Complaints, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities. Since this worker's cervical complaints are chronic and the guidelines only recommend the use of cervical collars for comfort in the first few days of the clinical course in severe cases, the requested soft cervical collar does not meet guidelines and is therefore not medically necessary.