

<b>Case Number:</b>	CM14-0152059		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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 59-year-old male who reported an injury on 07/11/2013. The mechanism of injury involved repetitive activity. The current diagnoses include cervical spine sprain/strain with left upper extremity radiculopathy, lumbar spine sprain/strain with right lower extremity radiculopathy, bilateral shoulder sprain/strain, and bilateral upper extremity overuse syndrome. The injured worker was evaluated on 08/07/2014, with complaints of persistent pain in the left shoulder, cervical spine, and lumbar spine. Previous conservative treatment is noted to include physical therapy, medications, home exercise, and chiropractic treatment. The current medication regimen includes Fexmid. Physical examination revealed tenderness to palpation of the left shoulder with positive impingement sign, tenderness to palpation over the lumbar spine with spasm and positive straight leg raising, and tenderness to palpation of the cervical spine with positive axial compression testing and diminished sensation in the left upper extremity. Treatment recommendations at that time included continuation of the current medication regimen, a surgical consultation for the left shoulder, and a pain management consultation for a possible lumbar epidural steroid injection. A Request for Authorization Form was then submitted on 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical consult (for the left shoulder): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit. There is no evidence of an exhaustion of diagnostic and therapeutic management prior to the request for an orthopedic consultation. The medical necessity has not been established. Therefore, the request is not medically appropriate.

**Pain management consult (for the L/S consider LESI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker's physical examination on the requesting date only revealed tenderness to palpation with positive straight leg raising and decreased sensation. There was no evidence of motor weakness in a specific dermatomal distribution. There were no imaging studies or electrodiagnostic studies submitted, corroborating a diagnosis of lumbar radiculopathy. Based on the clinical information received, the request is not medically appropriate at this time.

**Retrospective request for Fexmid 1 po bid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as nonsedating second line options for short term treatment of acute exacerbations. The injured worker does demonstrate palpable muscle spasm upon physical examination. However, there is no strength listed in the current request. As such, the request is not medically appropriate.