

<b>Case Number:</b>	CM14-0025241		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 51 year old female with date of injury 1/5/2010. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain, lower back pain, lower extremity pain and left shoulder pain since the date of injury. She has been treated with right shoulder surgery, acupuncture, physical therapy, epidural corticosteroid injections, shoulder corticosteroid injections and medications. MRI of the lumbar spine dated 04/2010 revealed disc disease at L5-S1. Objective: tenderness to palpation of the bilateral lumbar paraspinal musculature, decreased motor strength bilateral feet, positive straight leg raise bilaterally, positive impingement sign bilateral shoulders. Diagnoses: cervical and lumbar strain, lumbar spine degenerative disc disease, status post right shoulder surgery and myofascial pain syndrome. Treatment plan and request: Flexeril, right L4 epidural steroid injection, left L5 epidural steroid injection, right S1 epidural steroid injection, left shoulder Kenalog injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5 MG QTY: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, pages 41-42 Page(s): 41-42.

**Decision rationale:** This 51 year old female has complained of neck pain, lower back pain, lower extremity pain and left shoulder pain since date of injury 1/5/2010. She has been treated with right shoulder surgery, acupuncture, physical therapy, epidural corticosteroid injections, shoulder corticosteroid injections and medications, to include Flexeril since at least 11/2013. Per MTUS guidelines cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should only be used for a short course (2 weeks); additionally, the addition of Cyclobenzaprine (Flexeril) to other agents is not recommended. On the basis of the MTUS guidelines, Flexeril is not indicated as medically necessary.

**RIGHT L4 EPIDURAL STEROID INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, page 300 Page(s): 300.

**Decision rationale:** This 51 year old female has complained of neck pain, lower back pain, lower extremity pain and left shoulder pain since date of injury 1/5/2010. She has been treated with right shoulder surgery, acupuncture, physical therapy, epidural corticosteroid injections, shoulder corticosteroid injections and medications. The current request is for Right L4 epidural steroid injection. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of the MTUS guidelines, right L4 epidural steroid injection is not indicated as medically necessary.

**LEFT L5 EPIDURAL STEROID INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, page 300 Page(s): 300.

**Decision rationale:** This 51 year old female has complained of neck pain, lower back pain, lower extremity pain and left shoulder pain since date of injury 1/5/2010. She has been treated with right shoulder surgery, acupuncture, physical therapy, epidural corticosteroid injections, shoulder corticosteroid injections and medications. The current request is for Left L5 epidural corticosteroid injection. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of the MTUS guidelines, left L5 epidural steroid injection is not indicated as medically necessary.

**RIGHT S1 EPIDURAL STEROID INJECTION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints, page 300 Page(s): 300.

**Decision rationale:** This 51 year old female has complained of neck pain, lower back pain, lower extremity pain and left shoulder pain since date of injury 1/5/2010. She has been treated with right shoulder surgery, acupuncture, physical therapy, epidural corticosteroid injections, shoulder corticosteroid injections and medications. The current request is for Right S1 epidural corticosteroid injection. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of the MTUS guidelines, right S1 epidural steroid injection is not indicated as medically necessary.

**KENALOG/LIDOCAINE INJECTION, LEFT SHOULDER: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints, page 204 Page(s): 204.

**Decision rationale:** This 51 year old female has complained of neck pain, lower back pain, lower extremity pain and left shoulder pain since date of injury 1/5/2010. She has been treated with right shoulder surgery, acupuncture, physical therapy, epidural corticosteroid injections, shoulder corticosteroid injections and medications. The current request is for a left shoulder Kenalog/Lidocaine injection. Per the MTUS guideline cited above, invasive techniques including corticosteroid injections have limited proven value in the treatment of shoulder pain and are not recommended. Therefore, the request is not medically necessary.