

<b>Case Number:</b>	CM15-0005392		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York, Tennessee  
Certification(s)/Specialty: Emergency Medicine

### 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 37 year old female, who sustained an industrial injury on July 19, 2013. The diagnoses have included cervical sprain/strain injury, lumbar sprain/strain injury, left shoulder sprain/strain injury, left wrist sprain/strain injury, myofascial pain syndrome, lumbosacral disc injury at low level and lumbosacral radiculopathy. Treatment to date has included Magnetic resonance imaging home exercises, Magnetic resonance imaging of shoulder November 24, 2014 revealing a contusion injury. Currently, the injured worker complains of left shoulder pain, left wrist, low back and neck pain. On December 22, 2014 Utilization Review non-certified a left shoulder cortisone injection, electromyogram of lower back, nerve conduction study of lower back and L5-S1 epidural steroid injection, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 15, 2014, the injured worker submitted an application for IMR for review of left shoulder cortisone injection, electromyogram of lower back, nerve conduction study of lower back and L5-S1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Steroid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Steroid injections

**Decision rationale:** Steroid injections of the shoulder are recommended up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. Criteria for steroid injections are as follows: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance;- Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. In this case the patient has not been diagnosed with adhesive capsulitis, impingement syndrome, or rotator cuff syndrome. Documentation in the medical record does not support medical necessity. The request should not be authorized.

**EMG/NCV of lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Lumbar & Thoracic (Acute & Chronic), EMG (electromyography) and Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Thoracic and Lumbar, Nerve Conduction Studies

**Decision rationale:** EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS)

often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case there are no documented neurological deficits. MRI of the lumbar spine does not show nerve root impingement. Medical necessity has not been established. The request should not be authorized.

**L5-S1 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Steroid injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case the diagnosis of radiculopathy is not supported by the physical examination and there is no corroboration by imaging/electrodiagnostic studies. Criteria for epidural steroid injection have not been met. The request should not be authorized.