

Case Number:	CM15-0198259		
Date Assigned:	10/13/2015	Date of Injury:	02/18/2014
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 40 year old male with a date of injury on 02-18-2014. The injured worker is undergoing treatment for lumbar sprain-strain, thoracic sprain-strain, right shoulder sprain-strain, and left shoulder sprain and strain. An orthopedic panel QME dated 07-09-2015 documents no indication for any surgery of the neck, bilateral shoulders or back. There is no evidence of radiculopathy so injections are not recommended. A physician progress note dated 09-14-2015 documents the injured worker has complaints of mid back pain, lumbar spine pain that is rated 4 out of 10. Right shoulder pain that is constant and rated 3 out of 10 and is associated with stomach pain and left shoulder pain rated 3 out of 10 and is associated with stomach pain. Thoracic range of motion is restricted in flexion. Lumbar spine has restricted range of motion. Left and right shoulder range of motion is restricted. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic care, and acupuncture. A Magnetic Resonance Imaging of the right shoulder was done on 04-08-2015 and revealed superior labral tear, small articular surface partial tear of the supraspinatus tendon and mild biceps tendinosis. Left shoulder Magnetic Resonance Imaging done on 05-20-2015 was normal. A cervical spine Magnetic Resonance Imaging done on 05-13-2015 revealed a C5-C6 central posterior disc protrusion indenting the anterior aspect of the thecal sac. There is mild narrowing of the left neural foramen at C6-C7. A Lumbar Magnetic Resonance Imaging done on 05-13- 2015 revealed no compression fractures or destructive changes. An Electromyography and Nerve Conduction Velocity of the lower extremities was done on 05-18-2015 showed no evidence of radiculopathy, or neuropathy. The request for Authorization dated 09-14-2015 includes L3-L4 epidural injection, orthopedic consultation for the lumbar, shoulders and thoracic areas, medications - Anaprox DS, Prilosec,

and Cyclobenzaprine. The medication list include Anaprox, Tramadol, Cyclobenzaprine and Prilosec. Per the note dated 5/18/15 the patient had stomach problem from taking medication. Per the QME report, 8/25/15 there was no indications of surgery of neck, back, or shoulder and patient has reached MMI and was considered as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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." Per the cited guideline criteria for ESI are: 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). An Electromyography and Nerve Conduction Velocity of the lower extremities was done on 05-18-2015 showed no evidence of radiculopathy, or neuropathy. The patient has received an unspecified number of PT visits for this injury. The detailed conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, 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. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. With this, it is deemed that the medical necessity of request for Lumbar ESI at L3-4 is not fully established for this patient.

Orthopedic consults for shoulders, thoracic and lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Shoulder Complaints 2004, and Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127-146 and Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The injured worker is undergoing treatment for lumbar sprain-strain, thoracic sprain-strain, right shoulder sprain-strain, and left shoulder sprain and strain. A physician progress note dated 09-14-2015 documents the injured worker has complaints of mid back pain, lumbar spine pain that is rated 4 out of 10. Right shoulder pain that is constant and rated 3 out of 10 and is associated with stomach pain and left shoulder pain rated 3 out of 10 and is associated with stomach pain. Thoracic range of motion is restricted in flexion. Lumbar spine has restricted range of motion. Left and right shoulder range of motion is restricted. The patient had received physical therapy, chiropractic care, and acupuncture for this injury. A Magnetic Resonance Imaging of the right shoulder was done on 04-08-2015 and revealed superior labral tear, small articular surface partial tear of the supraspinatus tendon. A cervical spine Magnetic Resonance Imaging done on 05-13-2015 revealed a C5-C6 central posterior disc protrusion indenting the anterior aspect of the thecal sac. Therefore, this is a complex case and the management of this case would be benefited by an Orthopedic consults for shoulders, thoracic and lumbar. The request for referral to an Orthopedic consults for shoulders, thoracic and lumbar is medically necessary and appropriate for this patient.