

Case Number:	CM15-0219085		
Date Assigned:	11/12/2015	Date of Injury:	02/24/2015
Decision Date:	12/28/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/06/2015

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 was a 60 year old female, who sustained an industrial injury, February 24, 2015. The injured worker was undergoing treatment for right wrist flexor tendon tenosynovitis status post injection on September 3, 2015, severe right carpal tunnel syndrome, painful Dupuytren's nodules of the right wrist, cervical sprain, right shoulder sprain, lumbosacral sprain with degenerative spondylolisthesis of L4 on L5, weakness of the right upper extremity and right wrist sprain. According to progress note of September 21, 2015, the injured worker's chief complaint was back, neck, shoulder and wrist. The lumbar epidural injection gave the injured worker relief. The injured worker had pain in the neck and may need a block of the cervical spine the treating physician reported. The physical exam noted there was tenderness to palpation over the interscapular area as well as supraspinatus weakness. There was tenderness with palpation over the interscapular areas with a positive Spurling's test and shoulder abduction test. There was decreased sensation. According to the progress note of September 30, 2015, of the cervical spine the neck was supple with full range of motion. The Lhermitte's and Spurling's test were negative. The shoulders had full range of motion, both active and passive range of motion were equal. T rotator cuff strength was 5 out of 5. The impingement and reinforced impingement sign were absent. The apprehension test was negative. The injured worker previously received the following treatments Vicodin as needed for pain, Motrin three times daily and lumbar epidural steroid injection with positive results. The RFA (request for authorization) dated September 21, 2015; the following treatments were requested a cervical epidural steroid injection at C5-C6 level, postoperative physical therapy 2 times a week for 6 weeks for 12 sessions and right shoulder MRI to rule out internal derangement. The UR (utilization review board) denied certification on October 31, 2015; for a cervical epidural steroid injection

at C5-C6 level, postoperative physical therapy 2 times a week for 6 weeks for 12 sessions and right shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections (ESIs), therapeutic.

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

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 documentation in the medical record does not support the presence of radiculopathy and there is no corroboration by imaging or electrodiagnostic studies. Criteria for epidural steroid injection have not been met. The request should not be medically necessary.

Post injection physical therapy 2 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the

guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI (Magnetic resonance imaging and arthrography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Magnetic resonance imaging (MRI).

Decision rationale: Indications for magnetic resonance imaging (MRI) of the shoulder are as follows: Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case there is no documentation of shoulder pain and no tenderness on physical examination of the shoulder. MRI of the shoulder is not indicated. The request should not be medically necessary.