

Case Number:	CM15-0225714		
Date Assigned:	11/24/2015	Date of Injury:	12/22/2012
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/17/2015

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: California
 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 42 year old female who sustained an industrial injury on 12-22-2012. A review of the medical records indicated that the injured worker is undergoing treatment for left shoulder muscle sprain and strain, cervical sprain and strain and intervertebral disc degeneration of the thoracic region. According to the treating physician's progress report on 10-21-2015, the injured worker continues to experience neck, low back and shoulder pain rated as 9 out of 10 on the pain scale with and without medications. The injured worker also reported poor sleep quality with activity level unchanged. Cervical spine evaluation noted some minor tenderness at the paracervical and bilateral trapezius muscles with full range of motion and negative facet loading test. The thoracic paravertebral muscles were normal. Left shoulder noted teres muscle tenderness otherwise no deficits of range of motion and negative shoulder crossover, empty cans and negative Speed's tests. Motor strength, deep tendon reflexes and sensation to light touch of the upper extremities were intact. Recent diagnostic tests were interpreted within the progress note dated 10-21-2015. Prior treatments have included diagnostic testing, physical therapy, thoracic epidural steroid injection on 03-10-2015 with 30% reduction in pain and currently still with some benefit from the injection and medications. Current medications were listed as Naprosyn, Zanaflex, Lidoderm patches and Pennsaid solution. Treatment plan consists of continuing medication regimen and the current request for T7-8 thoracic epidural steroid injection and referral for a surgical evaluation of the left shoulder. On 10-27-2015, the Utilization Review determined the requests for T7-8 thoracic epidural steroid injection and a surgical evaluation of the left shoulder were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

T7-8 TESI (Thoracic Epidural Injection): 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 requested T7-8 TESI (Thoracic Epidural Injection) is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The injured worker has minor tenderness at the paracervical and bilateral trapezius muscles with full range of motion and negative facet loading test. The thoracic paravertebral muscles were normal. Left shoulder noted teres muscle tenderness otherwise no deficits of range of motion and negative shoulder crossover, empty cans and negative Speed's tests. Motor strength, deep tendon reflexes and sensation to light touch of the upper extremities were intact. Recent diagnostic tests were interpreted within the progress note dated 10-21-2015. Prior treatments have included diagnostic testing, physical therapy, thoracic epidural steroid injection on 03-10-2015 with 30% reduction in pain and currently still with some benefit from the injection and medications. The treating physician has not documented criteria levels of duration and percentage of relief from previous injections. The criteria noted above not having been met, T7-8 TESI (Thoracic Epidural Injection) is not medically necessary.

Referral to Treating Physician for Surgical Evaluation of Left 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).

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

Decision rationale: The requested Referral to Treating Physician for Surgical Evaluation of Left Shoulder is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has minor tenderness at the paracervical and bilateral trapezius

muscles with full range of motion and negative facet loading test. The thoracic paravertebral muscles were normal. Left shoulder noted teres muscle tenderness otherwise no deficits of range of motion and negative shoulder crossover, empty cans and negative Speed's tests. Motor strength, deep tendon reflexes and sensation to light touch of the upper extremities were intact. Recent diagnostic tests were interpreted within the progress note dated 10-21-2015. Prior treatments have included diagnostic testing, physical therapy, thoracic epidural steroid injection on 03-10-2015 with 30% reduction in pain and currently still with some benefit from the injection and medications. The treating physician has not documented exam or diagnostic evidence that the injured worker is currently a surgical candidate regarding the left shoulder. The criteria noted above not having been met, Referral to Treating Physician for Surgical Evaluation of Left Shoulder is not medically necessary.