

Case Number:	CM15-0035061		
Date Assigned:	03/03/2015	Date of Injury:	11/26/2012
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old man sustained an industrial injury on 11/26/2012 to his back, neck, shoulders, and thoracic spine after a slip and fall. Current diagnoses include bilateral shoulder impingement with question of rotator cuff tears or internal derangement, lumbar discogenic disease, and cervical discogenic disease. The MRI of the cervical spine was noted to show C4-C5 and C5-C6 disc bulges, foraminal stenosis and nerve root compression. The MRI of the lumbar spine showed L4-L5 disc bulge, foraminal stenosis and nerve root compression. The 2/24/2014 radiology report of the left shoulder was reported to show moderate acromioclavicular arthrosis, rotator tendinosis but no capsular abnormality. Treatment has included oral medications. Physician notes dated 1/7/2015 show continued complaints of low back pain, bilateral shoulder pain, and neck pain. There was objective findings of decreased range of motion and positive provocative tests indicative of nerve root impingement at the cervical and lumbar spinal levels. Recommendations include MR arthrogram of the bilateral shoulders, epidural steroid injections as listed in dispute and continued medication regimen. The medications listed are Flexeril, Naproxen, Omeprazole and Gabapentin. On 1/29/2015, Utilization Review evaluated a prescription for bilateral shoulder MRI arthrogram and radical epidural steroid injection into L3-L4, L4-L5, C4-C5, and C5-C6 under fluoroscopy that was submitted on 2/24/2015. The UR physician noted the evidence did not meet the required documentation for a diagnosis of radiculopathy. The MTUS, ACOEM Guidelines and ODG was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Shoulder MRI Arthrogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder.

Decision rationale: The CA MTUS-ACOEM and the ODG guidelines recommend that MRI can be utilization for the investigation of joint pain when plain X-rays are inconclusive or in the presence of deteriorating neurological deficits or red flag conditions that cannot be evaluated without advanced radiological tests. The records show that the 2/24/2014 left shoulder radiological investigation did not show any inconclusive abnormality that would require further MRI investigations to clarify. There was no documentation of clinical findings consistent with deterioration of the shoulder condition. The criteria for bilateral shoulder MRI arthrogram was not met.

Epidural steroid injection (ESI) at L3-L4 and L4-L5, C4-C5 and C5-C6 under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.59792.23.2 Page(s): 46, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of cervical and lumbar radicular pain when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of cervical radiculopathy and lumbar radiculopathy. There is documentation of completion and failure of conservative treatments with medications and PT. There is limitations of ADL despite medication management. The criteria for L3-L4, L4-L5 and C4-C5, C5-C6 epidural steroid injections under fluoroscopy was met.