

Case Number:	CM15-0055738		
Date Assigned:	04/01/2015	Date of Injury:	03/19/2012
Decision Date:	06/26/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/24/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 3/19/2012. The injured worker was diagnosed as having disc protrusions C4-5, bilateral shoulder impingement, bilateral shoulder tears of the supraspinatus tendons, disc protrusions L3-S1, bilateral neural foraminal stenosis L4-S1, and bilateral nerve root impingement L4 and L5. Treatment to date has included diagnostics, bilateral shoulder surgeries, physical therapy, and medications. On 1/19/2015, the injured worker reported left shoulder pain was improved from last visit (12/11/2014), but reported worsening low back pain, rated 8/10), with intermittent numbness and tingling in the left leg. She received a lumbar epidural steroid injection in 8/2013. She could not walk more than 20 feet without worsening pain. Medications included Omeprazole, Flexaril, Ultram, and topical compound cream. She discontinued Naprosyn because it upset her stomach. Multiple diagnostics were referenced (dates not specified). A request was noted on 2/19/2015 for high volume epidural injection from L5-S1, magnetic resonance imaging of the left shoulder, a single point cane, and FCL (topical cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

High volume epidural, left L5-S1 therapeutic block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 3/19/2012. The medical records provided indicate the diagnosis of disc protrusions C4-5, bilateral shoulder impingement, bilateral shoulder tears of the supraspinatus tendons, disc protrusions L3-S1, bilateral neural foraminal stenosis L4-S1, and bilateral nerve root impingement L4 and L5. Treatment to date has included epidural steroid injection, bilateral shoulder surgeries, physical therapy, and medications. The medical records provided for review do indicate a medical necessity for High volume epidural, left L5-S1 therapeutic block. The medical records indicate the injured worker complains of low back pain that goes down the legs; the physical examination revealed positive bilateral straight leg raises; an undated lumbar MRI was revealed multilevel degenerative changes including nerve root impingements and foraminal stenosis; unremarkable nerve studies of the lower limbs. Additionally, the progress report of 12/11/2014 indicate the injured worker has up to 50% pain improvement that lasted about 3-4 months following a previous epidural steroid injection. Of MTUS criteria for epidural injection include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); 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. The presence of positive straight raise, MRI evidence of nerve root impingement, confirm the presence of radiculopathy. The injured worker was reported to have had up to 50% pain improvement that lasted three to four months following a previous epidural injection.

Magnetic resonance imaging (MRI) of the 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), Minnesota Rules, Parameters for Medical Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 3/19/2012. The medical records provided indicate the diagnosis of disc protrusions C4-5, bilateral shoulder impingement, bilateral shoulder tears of the supraspinatus tendons, disc protrusions L3-S1, bilateral neural foraminal stenosis L4-S1, and bilateral nerve root impingement L4 and L5. Treatment to date has included epidural steroid injection, bilateral shoulder surgeries, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Magnetic resonance imaging (MRI) of the left shoulder. The medical records indicate the injured worker had bilateral shoulder surgery in 4/2014; had an MRI of left shoulder in 07/2014. The MTUS is silent on repeat MRI but recommends against over reliance on imaging studies. The Official Disability Guidelines does not recommend repeat MRI except if there is significant change in symptoms and/or findings suggestive of significant pathology.

FCL topical, unspecified medications, dosage and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 3/19/2012. The medical records provided indicate the diagnosis of disc protrusions C4-5, bilateral shoulder impingement, bilateral shoulder tears of the supraspinatus tendons, disc protrusions L3-S1, bilateral neural foraminal stenosis L4-S1, and bilateral nerve root impingement L4 and L5. Treatment to date has included epidural steroid injection, bilateral shoulder surgeries, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for FCL topical, unspecified medications, dosage and quantity. The topical analgesics are largely experimental in drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of failed treatment with the antidepressants and anticonvulsants.

Cane: 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), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The injured worker sustained a work related injury on 3/19/2012. The medical records provided indicate the diagnosis of disc protrusions C4-5, bilateral shoulder impingement, bilateral shoulder tears of the supraspinatus tendons, disc protrusions L3-S1, bilateral neural foraminal stenosis L4-S1, and bilateral nerve root impingement L4 and L5. Treatment to date has included epidural steroid injection, bilateral shoulder surgeries, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Cane. The physical examination reveals the injured worker also has problems in the both knees; however, the knee problems were not included in the listed work related problems, therefore, although cane could be recommended for this injured worker based on the problems in the knees, the knees are not included in the conditions being evaluated. The MTUS recommends and the Official Disability Guidelines recommends the use of cane and other assistive devices; however, in this particular case the affected area is the lower back and not the hip, knee or ankle where the Official Disability Guidelines has specific recommendations.