

Case Number:	CM15-0059716		
Date Assigned:	04/06/2015	Date of Injury:	02/04/2013
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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 62 year old female, who sustained an industrial injury on 2/4/13. The injured worker has complaints of cervical spine pain that radiates into the upper extremities and associated with headaches that are migraines in nature. The documentation noted that she had bilateral wrist/hang pain and bilateral shoulder pain. The diagnoses have included carpal tunnel syndrome; lumbago and cervicgia. The documentation noted that the medications are helping in curing and relieving the injured workers symptomatology and improving her activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. The Qualified Medical Examiner dated 2/17/15 noted that treatment to date has included injections; magnetic resonance imaging (MRI) of her back, neck and bilateral shoulders; electromyography/nerve conduction stud of bilateral upper extremities; physical therapy; neck surgery on 8/7/13; physical therapy; home exercises and X-rays of the cervical spine. The request was for pain management specialist for consideration of lumbar epidural injections and right shoulder steroid injection, provided on date of service: 02/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management for LEFI: Upheld

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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 2/4/13.. The medical records provided indicate the diagnosis of included carpal tunnel syndrome; lumbago and cervicgia. Treatments have included injections; magnetic resonance imaging (MRI) of her back, neck and bilateral shoulders; electromyography/nerve conduction stud of bilateral upper extremities; physical therapy; neck surgery on 8/7/13; physical therapy; home exercises and X-rays of the cervical spine.The medical records provided for review indicate the request for a consultation with pain management for LEFI is not medically necessary. Although the injured worker is reported to have had physical therapy in 08/2014, there is documentation of ongoing home exercise program or documentation of lack of response to such program. The report indicates the injured worker is responding well to the medications. The MTUS criteria for Epidural steroid injection include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants.Additionally, the MTUS States that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise.

Retrospective request for Right Shoulder Steroid Injection, provided on date of service: 02/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 2/4/13.. The medical records provided indicate the diagnosis of included carpal tunnel syndrome; lumbago and cervicgia. Treatments have included injections; magnetic resonance imaging (MRI) of her back, neck and bilateral shoulders; electromyography/nerve conduction stud of bilateral upper extremities; physical therapy; neck surgery on 8/7/13; physical therapy; home exercises and X-rays of the cervical spine.The medical records provided for review do not indicate a medical necessity Retrospective request for Right Shoulder Steroid Injection, provided on date of service: 02/24/15. The records indicate the injured worker had physical therapy for the cervical and lumbar spine as at 08/2014, but there was no therapy to the shoulder. The records do not indicate the injured worker is involved in home exercise program, although the worker responds well to medications. Due to limited benefit, the MTUS does not recommend the use of invasive procedures like shoulder injections unless there is evidence of lack of response to conservative approach including strengthening exercises and nonsteroidal antiinflammatory drugs for two to three weeks, if pain with elevation significantly limits activities. Additionally, the MTUS States

that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. Therefore, the request is not medically necessary.