

Case Number:	CM14-0141899		
Date Assigned:	09/10/2014	Date of Injury:	10/04/2010
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old male whose date of injury is 10/04/10. Records indicate the injured worker originally was injured in 2006. After failing initial conservative treatments, the injured worker had three surgeries the right shoulder in 2009. The current injury occurred when a coworker ran into him re-injuring his right shoulder and low back. The injured worker is noted to have had long time psychiatric issues, including polysubstance abuse including alcohol. Injured worker received therapy and tried to return to work for about two months before going back on medical leave due to persistent residual pain in shoulder as well as back pain with radicular pain down the left leg. The injured worker was seen for reevaluation on 08/12/14 and reports persistent right biceps pain since his shoulder surgery. Current medications were listed as Nuvigil, Ambien, Butrans patch, Zoloft, Clonazepam, Gabapentin, Cialis, Benazepril, and Latuda. Physical examination revealed tenderness upon palpation of the right shoulder and of the thoracic and lumbar paraspinal muscles, tenderness palpation cervical paraspinal muscles overlying the bilateral C5 to T1 facet joints; lumbar, cervical and right shoulder ranges of motion were restricted by pain in all directions, right shoulder flexion was 90 degrees, abduction was 90 degrees, and internal rotation was 10 degrees, positive crepitus, lumbar flexion was worse than lumbar extension, cervical extension was worse than cervical flexion, lumbar and cervical discogenic provocative maneuvers were positive, right shoulder impingement maneuvers including Neer's and Hawkin's were positive, nerve root tension signs were negative bilaterally, reflexes were one and symmetric bilaterally in all limbs, Clonus, Babinski's, and Hoffman signs were absent bilaterally; muscle strength was 5/5 in all limbs except 4+/5 in the left tibialis anterior, right biceps, and quadriceps. Recommendations included MRI of the right biceps and fluoroscopic guided left L4/5 L5/S1 Transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right biceps: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM guidelines provide that primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). ODG notes that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. While the injured worker does have exam findings of some biceps weakness, there is no documentation that the injured worker has attempted any recent conservative care for the right shoulder prior to seeking advanced imaging. Moreover, an MRI of the right shoulder was performed on 03/25/14 and revealed postoperative changes including biceps tenodesis and take down of the AC joint; stable mild cuff tendinopathy without tear. Based on the clinical information provided, the request for MRI right biceps is not medically necessary.

Fluoroscopically Guided Left L4-L5 and Left L5-Si Transforaminal Epidural Steroid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections (ESIs), therapeutic

Decision rationale: Per ACOEM and ODG, criteria for the use of epidural steroid injection in the lumbar spine require that radiculopathy must be documented by objective findings on examination and corroborated by imaging studies and/or electrodiagnostic testing, with documentation that the patient initially was unresponsive to conservative treatment including physical therapy/home exercise program, NSAIDs and muscle relaxants. The injured worker does have physical examination findings with weakness of the tibialis anterior on the left; however, there were no diagnostic/imaging studies submitted for review with objective findings indicative of neurocompressive pathology that could result in radicular symptoms. Also, there is

no documentation that the injured worker has had any recent conservative care directed to the lumbar spine. Based on the clinical information provided, the request for fluoroscopically guided left L4-L5 and left L5-SI transforaminal epidural steroid is not medically necessary.