

<b>Case Number:</b>	CM14-0157239		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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:

Patient is a 51 year-old female with date of injury 11/18/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/18/2014, lists subjective complaints as constant neck pain with radiation into the bilateral upper extremities as well as bilateral shoulder pain and low back pain. Objective findings: Examination of the right shoulder revealed tenderness to palpation over the proximal biceps. Right shoulder range of motion revealed forward flexion at 150/180 degrees, internal rotation at 45/90 degrees, and external rotation at 35/90 degrees. Yergason's test, Speed's test, Neer's sign, and Hawkin's sign were positive. Lumbar spine: paraspinal spasms and tenderness. Positive sciatic notch tenderness on the left. Straight leg raise test was positive at 35 degrees of elevation. Lower extremity motor strength testing revealed weakness in the extensor hallucis longus and tibialis anterior muscle groups at 4/5. Decreased sensation noted over left buttock and posterior thigh. Diagnosis: 1. Status post anterior cervical fusion at C5-C7 2. Right shoulder subacromial impingement with rotator cuff tear, SLAP, and labral tear 3. Right biceps tendinosis 4. Fibromyalgia 5. Lumbar spine sprain/strain 6. Abnormal laboratory studies and rheumatological markers 7. Left shoulder subacromial impingement syndrome 8. Lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injections at L4-5 and L5-S1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's neurologic exam revealed a straight leg raise test was positive at 35 degrees of elevation and lower extremity motor strength testing revealed weakness in the extensor hallucis longus and tibialis anterior muscle groups at 4/5. This physical exam is indicative of lumbar radiculopathy. I am reversing the prior utilization review decision.

**Physical Therapy x 18:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 58-60.

**Decision rationale:** Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The prior utilization review physician authorized to the initial trial, but there is no documentation of functional improvement in the medical records provided.