

Case Number:	CM14-0098611		
Date Assigned:	09/16/2014	Date of Injury:	09/12/2012
Decision Date:	10/15/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 Orthopedics and is licensed to practice in Arizona. 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:

This 56-year-old female administrative aid stated that she sustained cumulative trauma to neck & shoulders due to her work. At the time of the incident she was employed as a full-time employee. She began working at this facility in 1980 and noted above symptoms in 2009. She subsequently complained to her physician of pain in her neck [presently 7/10], shoulders, hand & low back accompanied by weakness in both hands and numbness, tingling and swelling of her right foot [9/12/2012]. Although she reported her injury to her manager she received no medical care. She worked for the company for 34 years but has been out of work since August 22, 2013 due to her present problem. She subsequently decided to consult a private chiropractor who diagnosed her problem as a strain of neck & both shoulders and prescribed chiropractic treatment. Medications used at the time were Metformin, heart medication, vitamins, Aspirin and Simvastatin. She subsequently became stressed and anxious due to, what she believed to be, harassment from her manager. During that time she was morbidly obese [weight =230 lbs, height = 5'2" and BMI = 37]. She also volunteered an eating disorder and secondary psychological disturbances. She has lost weight and presently weighs 180 lbs. Physical examination [10/19/2012] revealed cervical spine findings consisted only of paraspinal tenderness, painful motion, motor findings normal [5/5], sensory findings intact, deep tendon reflexes normal & symmetrical. No acute cervical radiculopathy. Also documentation of patchy decreased sensation bilateral in C6-7 [12/17/2012] and median nerve distribution. Points of tenderness posterior cervical spine. Shoulder examination initially revealed slight decreased range of extension due to pain and tenderness over biceps tendons, acro-clavicular joints, trapezius and rhomboid muscle tenderness. Later was revealed minimal complaints and/or findings [12/17/2012]. Elbow examination showed mild lateral swelling, hands revealed decreased grip strength and +ve Phalen test [not documented well], low back examination revealed mild paraspinal and SI joint tenderness. In addition, non-

specific decreased motor strength in all extremities was found but sensory examination was normal. Plan of treatment initially was pain medication [Vicodin]. Electro-diagnostic studies were planned for upper and lower extremities and planned to review MRI reports. Also ordered were 'injections'. She had physiotherapy and chiropractic treatment [no detail] previously 1-year ago with no improvement [no detail]. Was apparently told by orthopedic surgeon, based on MRI findings that she needed shoulder surgery but she declined and relied on continued pain management. Treatment rendered since day of injury, Physiotherapy, Chiropractic treatment, Pain management, Vicodin, Glucosamine, Electro-diagnostic report [11/12/2012], Chiropractic sessions of cervical spine & both shoulders [11/26/2012], Ketoprofen gel, Norflex, Ultram. Diagnostic studies consisted of: MRI lumbar spine [1/14/2014], MRI cervical spine [1/14/2014] MRI left shoulder. Supra and infra spinatus tendinosis, superior labral tear, SLAP type I / II lesion, Acromio-clavicular & gleno-humeral joint osteo-arthritis. Electro-Mio-Graphy [EMG] and Nerve Conduction Velocity [NCV] tests, EMG was found to be normal with only mild bilateral carpal tunnel syndrome, NCV revealed no radiculopathy. Diagnosis was documented as: Cervical strain [847.0], Cervical radiculopathy [723.4][History of MVA in past, Upper back myofascial pain syndrome, Chronic back pain, Scoliosis-chronic upper and lower back pain., Rotator cuff tendinitis/bursitis, Carpal tunnel syndrome, Lateral epicondylitis/PIN syndrome [radial nerve], Sacro-iliac strain, Cubital tunnel syndrome, Possible radial nerve entrapment left arm, Possible C6 radiculopathy [6/20/2013].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injections, to the cervical spine, shoulder and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.2, Neck & upper back, Low back, Shoulder Page(s): 46,80,258,297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <lumbar spine, cervical spine, Shoulder>, <Criteria for Epidural Injections in cervical & lumbar spine, Criteria for steroid injections in shoulder>

Decision rationale: On review of the medical documentation the patient does not present with complaints in a dermatomal distribution. Nor, are the physical examination findings reflective of radiculopathy. The level of proposed E.S.I. was also not stated. The medical reporting is also absent demonstrating nerve compromise correlating with either MRI-imaging or electro-diagnostic study. Documentation of radiculopathy on examination does not corroborate with either MRI-imaging or electro diagnostic study. The required MTUS criterion for epidural steroid injections has therefore not been met. Being unresponsive to conservative treatment was not stated in clear terms mostly due to unavailable documentation. The American Academy of Neurology recently concluded that epidural steroid injections might lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they does not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of

epidural steroid injections to treat radicular cervical pain. The discussion covers both lumbar and cervical spinal pain. Finally, it should also be noted that the purpose of epidural steroid injections[ESI's] are to reduce pain and inflammation, restore range of motion and thereby facilitate progress in more active treatment programs, and also to avoid surgery, but alone offers no significant long-term functional benefit. Pain injections in general has the goal of relieving pain, improving function, decreasing usage of medications, and encouraging return to work, Repeat pain and other injections [if not otherwise specified] should at least relieve pain to the extent of 50%, and clearly result in documented reduction in pain medications, improved function and/or faster return to work. Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. Request for cortisone injections for shoulder is denied in absence of a specific lesion. Injection of cortisone and local anesthetic combined can be given via sub-acromial bursa as part of rehabilitation program. According to ODG, criteria are not met for steroid injection of either shoulder. Prolonged use of cortisone injections to the shoulder is also not recommended. Therefore this request is not medically necessary.