

Case Number:	CM15-0110782		
Date Assigned:	06/17/2015	Date of Injury:	06/02/2011
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

Certification(s)/Specialty: Internal 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(n) 50 year old female, who sustained an industrial injury on 6/2/11. She reported pain in her neck, bilateral shoulders, bilateral wrists, lower back and left knee. The injured worker was diagnosed as having cervical sprain, lower back pain with radiculopathy and lumbar disc protrusion. Treatment to date has included a lumbar MRI and a cervical MRI. Current medications include Naprosyn, Omeprazole and Metformin. As of the PR2 dated 10/30/14, the injured worker reports pain in her neck, bilateral shoulders, bilateral wrists, lower back and left knee. Objective findings include decreased cervical and lumbar range of motion and a positive straight leg raise test bilaterally. This is the only progress note submitted for review. The treating physician requested lumbar spine epidurals, cervical facet blocks and extracorporeal shockwave therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidurals: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The pain management report dated October 30, 2014 documented complaints of neck pain, bilateral shoulder pain, bilateral wrist pain, low back pain, and left knee pain. Utilization review determination date was 5/14/15. The level and side of the requested lumbar spine epidurals were not specified. The corresponding progress report was not in the submitted medical records. Without updated progress report, the request for lumbar spine epidurals is not supported. Therefore, the request for lumbar spine epidurals is not medically necessary.

Cervical spine facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Facet joint diagnostic blocks, Facet joint therapeutic steroid injections. Work Loss Data Institute <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical facet injection. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that invasive techniques, such as injection of facet joints, have no proven benefit in treating acute neck and upper back symptoms. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints states that facet injection of corticosteroids and diagnostic blocks are not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that facet joint therapeutic steroid injections are not recommended. Official Disability Guidelines (ODG) state that therapeutic intra-articular and medial branch blocks are not recommended. Medial branch blocks procedure is generally considered a diagnostic block. Facet joint diagnostic block is limited to patients with cervical pain that is non-radicular. The pain management report dated October 30, 2014 documented complaints of neck

pain, bilateral shoulder pain, bilateral wrist pain, low back pain, and left knee pain. Utilization review determination date was 5/14/15. The level and side of the requested cervical spine facet blocks were not specified. The corresponding progress report was not in the submitted medical records. Without updated progress report, the request for cervical spine facet blocks is not supported. MTUS, ACOEM, and ODG guidelines do not support the request for cervical spine facet blocks. Therefore, the request for cervical spine facet blocks is not medically necessary.

Extracorporeal shockwave therapy left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Extracorporeal shock wave therapy (ESWT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints (Page 203) states: Physical modalities are not supported by high-quality medical studies. Some medium quality evidence supports extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) states: Extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. MTUS and ODG guidelines recommends extracorporeal shock wave therapy (ESWT) for calcifying tendinitis, but not for other shoulder disorders. The pain management report dated October 30, 2014 documented complaints of neck pain, bilateral shoulder pain, bilateral wrist pain, low back pain, and left knee pain. Utilization review determination date was 5/14/15. The corresponding progress report was not in the submitted medical records. Without updated progress report, the request for extracorporeal shock wave therapy is not supported. Therefore, the request for extracorporeal shock wave therapy is not medically necessary.