

<b>Case Number:</b>	CM15-0174331		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/09/2002
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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:

This is a 38-year-old female worker who was injured on 9-9-2002. The medical records reviewed indicated the injured worker (IW) was treated for cervical and lumbar post laminectomy syndrome; unspecified thoracic or lumbosacral neuritis or radiculitis; and pain in joint, shoulder. The progress notes (8-12-15) indicated the IW had headache, neck pain and low back pain rated 6 out of 10 described as constant and non-radiating. She was stated to do well with medications, which included Morphine sulfate elixir and Fentanyl patch. She wanted repeat injections for the lumbar spine and left shoulder, which were helpful in the past. On physical examination (8-12-15) cervical spine range of motion (ROM) was decreased bilaterally and there was tenderness to palpation and spasms present. Lumbothoracic ROM was decreased in all planes. The lumbar paraspinous area was tender to palpation and spasms were noted. Bilateral straight leg raise was positive. Pain was noted in the left subacromial bursa. According to the notes (5-21-15), the IW was not working. X-rays of the lumbar spine on 6-16-15 showed the previous surgical intervention; the lateral views in flexion and extension did not demonstrate instability. The treatment plan included caudal epidural injection for radicular pain, a left subacromial bursa injection and a new LSO brace due to weight gain for lumbar instability. A Request for Authorization dated 8-17-15 was received for one caudal epidural steroid injection (ESI) with fluoroscopy, one bursa injection with ultrasound and one back brace. The Utilization Review on 8-28-15 non-certified the request for one caudal epidural steroid injection (ESI) with fluoroscopy, one bursa injection with ultrasound and one back brace, as the CA MTUS, ACOEM and ODG guidelines were not met.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One caudal ESI (epidural steroid injection) with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The requested One caudal ESI (epidural steroid injection) with fluoroscopy, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The injured worker had headache, neck pain and low back pain rated 6 out of 10 described as constant and non-radiating. She was stated to do well with medications, which included Morphine sulfate elixir and Fentanyl patch. She wanted repeat injections for the lumbar spine and left shoulder, which were helpful in the past. On physical examination (8-12-15) cervical spine range of motion (ROM) was decreased bilaterally and there was tenderness to palpation and spasms present. Lumbothoracic ROM was decreased in all planes. The lumbar paraspinous area was tender to palpation and spasms were noted. Bilateral straight leg raise was positive. Pain was noted in the left subacromial bursa. According to the notes (5-21-15), the IW was not working. X-rays of the lumbar spine on 6-16-15 showed the previous surgical intervention; the lateral views in flexion and extension did not demonstrate instability. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength, nor the percentage of relief from the previous epidural injection, nor documented derived functional improvement including medication reduction from the previous epidural injection. The criteria noted above not having been met, One caudal ESI (epidural steroid injection) with fluoroscopy is not medically necessary.

### **One bursa injection with ultrasound: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Summary.

**Decision rationale:** The requested one bursa injection with ultrasound, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery" and recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The injured worker had headache, neck pain and low back pain rated 6 out of 10 described as constant and non-radiating. She was stated to do well with medications, which included Morphine sulfate elixir and Fentanyl patch. She wanted repeat injections for the lumbar spine and left shoulder, which were helpful in the past. On physical examination, (8-12-15) cervical spine range of motion (ROM) was decreased bilaterally and there was tenderness to palpation and spasms present. Lumbothoracic ROM was decreased in all planes. The lumbar paraspinous area was tender to palpation and spasms were noted. Bilateral straight leg raise was positive. Pain was noted in the left subacromial bursa. According to the notes (5-21-15), the IW was not working. X-rays of the lumbar spine on 6-16-15 showed the previous surgical intervention; the lateral views in flexion and extension did not demonstrate instability. The treating physician has not documented physical exam evidence indicative of impingement syndrome, nor percentage or duration of relief from previous injections, nor functional improvement from previous injections. The criteria noted above not having been met, one bursa injection with ultrasound is not medically necessary.

**One back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Lumbar supports, 2014 Back brace, post operative (fusion).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested one back brace, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker had headache, neck pain and low back pain rated 6 out of 10 described as constant and non-radiating. She was stated to do well with medications, which included Morphine sulfate elixir and Fentanyl patch. She wanted repeat injections for the lumbar spine and left shoulder, which were helpful in the past. On physical examination (8-12-15) cervical spine range of motion (ROM) was decreased bilaterally and there was tenderness to palpation and spasms present. Lumbothoracic ROM was decreased in all planes. The lumbar paraspinous area was tender to palpation and

spasms were noted. Bilateral straight leg raise was positive. Pain was noted in the left subacromial bursa. According to the notes (5-21-15), the IW was not working. X-rays of the lumbar spine on 6-16-15 showed the previous surgical intervention; the lateral views in flexion and extension did not demonstrate instability. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, one back brace is not medically necessary.