

Case Number:	CM15-0097828		
Date Assigned:	05/28/2015	Date of Injury:	03/11/2011
Decision Date:	06/29/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
 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 61 year old female who sustained an industrial injury on March 11, 2011. She has reported pain to her neck, left shoulder, and lower back and has been diagnosed with mild degenerative disc disease and spondylosis plus minor disc bulges of the cervical spine at C3-4 and C4-5 associated with bilateral upper extremity radiculitis, an apparent right shoulder subacromial impingement syndrome associated with primary and post traumatic arthritis of the acromioclavicular joints as well as rotator cuff tendonitis, left shoulder subacromial impingement syndrome associated with primary and post-traumatic arthritis of the acromioclavicular joints as well as a full thickness rotator cuff tear of the supraspinatus status post an extensive debridement of the gleno-humeral joint plus a subacromial decompression and a complete distal clavicle resection as well as an arthroscopic rotator cuff repair, spondylosis of the facet joints of the lumbar spine at L5-S1 plus an apparent annular disc disruption and stenosis at L4-5 associated with bilateral lower extremity radiculitis, mild exogenous obesity associated with an apparent chronic pain syndrome, degenerative cervical intervertebral disc, cervical spondylosis without myelopathy, brachial neuritis/radiculitis, other rotator cuff syndromes, osteoarthritis local primary shoulder, traumatic arthropathy shoulder, sprain/strain rotator cuff, lumbosacral spondylosis, displace intervertebral disc site unspecified, spinal stenosis lumbar region, and unspecified thoracic/lumbar neuritis/radiculitis. Treatment has included surgery, medications, physical therapy, and injections. Cervical spine range of motion was decreased with tenderness. There was tenderness over the left shoulder. Lumbar range of motion was restricted with severe tenderness. The treatment request included epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 Epidural Steroid Injection: 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 injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, C6-7 cervical epidural steroid injections are not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. While not recommended, cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are left shoulder pain with traumatic both thickness rotator cuff tear, acromioclavicular joint arthritis, and impingement; status post arthroscopic debridement, subacromial decompression, distal clavicle resection arthroplasty and rotator cuff repair; chronic cervical strain; chronic right shoulder pain and impingement; chronic low back pain with 1.9 mm disc bulge at L3 - L4; history prior injury/mechanical fall April 11, 2002. The request for authorization is dated May 14, 2015. The requesting physician on the request for authorization is [REDACTED] (pain management provider). There are no progress notes in the medical record from the pain management provider. There is no clinical indication or rationale from the pain management provider for epidural steroid injections in the cervical and or lumbar spine. An orthopedist progress note dated April 29, 2015 (request for authorization May 14, 2015), references the epidural steroid injection to be administered by the pain management specialist ([REDACTED]). According to the orthopedist note, there are no subjective radicular symptoms in the upper lower extremities. Objectively, there are no neurologic deficits in the upper extremities. Motor strength is 5/5. There are no neurologic deficits in the lower extremities. Motor strength is 5/5. Utilization review states the injured worker had electrodiagnostic studies that were unremarkable. Additionally, cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. Consequently, absent clinical documentation from the requesting physician for cervical and

lumbar epidural steroid injections and an orthopedic evaluation performed April 29, 2015 with no objective evidence of radiculopathy on neurologic examination, C6-7 cervical epidural steroid injections are not medically necessary.

L4-5 Epidural Steroid Injection: 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 injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, L4-5 lumbar epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are left shoulder pain with traumatic both thickness rotator cuff tear, acromioclavicular joint arthritis, and impingement; status post arthroscopic debridement, subacromial decompression, distal clavicle resection arthroplasty and rotator cuff repair; chronic cervical strain; chronic right shoulder pain and impingement; chronic low back pain with 1.9 mm disc bulge at L3 - L4; history prior injury/mechanical fall April 11, 2002. The request for authorization is dated May 14, 2015. The requesting physician on the request for authorization is [REDACTED] (pain management provider). There are no progress notes in the medical record from the pain management provider. There is no clinical indication or rationale from the pain management provider for epidural steroid injections in the cervical and or lumbar spine. An orthopedist progress note dated April 29, 2015 (request for authorization May 14, 2015), references the epidural steroid injection to be administered by the pain management specialist ([REDACTED]). According to the orthopedist note, there are no subjective radicular symptoms in the upper lower extremities. Objectively, there are no neurologic deficits in the upper extremities. Motor strength is 5/5. There are no neurologic deficits in the lower extremities. Motor strength is 5/5. Utilization review states the injured worker had electrodiagnostic studies that were unremarkable. Consequently, absent clinical documentation from the requesting physician for cervical and lumbar epidural steroid injections and an orthopedic evaluation performed April 29, 2015 with no objective evidence of radiculopathy on neurologic examination, L4-5 lumbar epidural steroid injection is not medically necessary.

