

Case Number:	CM13-0016107		
Date Assigned:	12/04/2013	Date of Injury:	06/12/2009
Decision Date:	01/17/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family, and is licensed to practice in Georgia and North Carolina. 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 physician 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:

The claimant is a 58 year old man with date of injury of 6/12/2009. The original injury occurred while the claimant was moving a large slab of granite and experienced sudden severe pain in both shoulders and neck. The carrier has accepted the claim for right shoulder, left shoulder, cervical spine and lumbar spine. His treatments to date include left shoulder arthroscopy x 2, right shoulder arthroscopy x 1, multiple steroid injections, physical therapy, shoulder braces, acupuncture treatment, chiropractic manipulation, and medication. He has had multiple radiographic evaluations including plain films of shoulder and cervical and lumbar spine as well as magnetic resonance imaging (MRI) of both shoulders, cervical and lumbar spine. His complaints include severe right neck pain and bilateral shoulder pain. His current diagnoses include cervical spondylosis, symptomatic right cervical facet syndrome, chronic pain syndrome (bruxism, sleep disorder with restless legs, gastroesophageal reflux disease, and depression), and adhesive capsulitis of both shoulders and lumbar spondylosis. His medications include Aciphex, qualaquin, Requip and Zoloft. Physical examination reveals severely restricted range of motion in the cervical spine with right axial tenderness with facet joint pain and bilateral shoulder tenderness. The treating physician has requested a sleep study, laboratory testing (complete blood count (CBC), basic metabolic panel (BMP), liver function testing (LFT) and urinalysis (UA)) and low volume right C4-5, C5-6 medial branch block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Decision rationale: The medical record states that the claimant has nonrestorative sleep, bruxism and restless leg syndrome. The duration of these symptoms is not stated. According to the record, he has recently initiated therapy with Zoloft for depression. He has been provided with medications for restless leg syndrome but, according to the medical record, the claimant has been hesitant to try these medications. According to the ODG, a sleep study is indicated for persistent insomnia (defined as 4 or more nights of disordered sleep, for 6 months or more) when this insomnia is unresponsive to behavioral interventions, trial of sedative/sleep medication and when psychiatric etiologies have been excluded. In this case, the medical record does not contain documentation of adequate behavioral interventions or trials of sedative medications for sleep. The claimant has a diagnosis of depression for which medical therapy has recently been initiated. The medical record does not give any documentation that this depression is yet adequately controlled or that maximal medical improvement for the depression has been reached. Until the claimant has had documented trial of adequate behavioral interventions, trial of sedative medications and until the underlying depression is adequately treated, a sleep study is not indicated and is denied.

Labs: LFT, CBC, LFT, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab tests online

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 208, 343. Decision based on Non-MTUS Citation 2014 Lexicomp recommendations in UpToDate.

Decision rationale: The cited diagnoses for ordering these tests (CBC, BMP, LFT and UA) for this claimant are rotator cuff syndrome, adhesive capsulitis and derangement of the medial meniscus. MTUS does not include these laboratory tests as part of the routine evaluation of these orthopedic complaints. MTUS allows for consideration of certain laboratory tests, including LFT and CBC, as part of a targeted evaluation of shoulder pain to confirm clinical suspicion of a specific systemic cause of the pain, such as an infectious, inflammatory or autoimmune condition. There is no indication the medical record of a clinical suspicion of any of these conditions as a cause for the claimant's shoulder pain. Use of laboratory testing in a "shotgun" approach to clarify undiagnosed shoulder pain is specifically excluded in MTUS. MTUS assigns no utility to laboratory testing in the evaluation of meniscal tears of the knee. According to 2014 Lexicomp recommendations in UpToDate, none of the claimant's listed medications require laboratory monitoring of any kind. The request for CBC, BMP, LFT and UA is denied.

Low volume right C4-5, C5-6 medial branch block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Upper Back and Neck, Facet joint diagnostic blocks

Decision rationale: The MTUS states that there is, while there is no role for the use of facet joint injections (such as a medial branch block) in the treatment of acute pain, facet joint injections may be useful in the transitional phase between acute and chronic pain. The ODG recommends low volume medial branch blocks prior to facet neurotomy/rhizotomy in patients who have facet joint pain indicated by axial neck pain without significant radiation, decreased cervical range of motion, tenderness to palpation over the facets and absence of neurologic findings. The medical record for the claimant documents physical examination findings consistent with facet joint pain. The request for the medial branch blocks is documented in the medical record to be for diagnostic purposes and for consideration of possible rhizotomy. These are precisely the indications for which the ODG recommends use of cervical medial branch blocks. The prior UR decision is overturned; low volume right C4-5 C5-6 medial branch block injection is approved.