

Case Number:	CM13-0057906		
Date Assigned:	12/30/2013	Date of Injury:	08/13/1996
Decision Date:	05/29/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 53-year-old male who reported an injury on 08/13/1996 after the injured worker fell off a truck. The injured worker reportedly sustained an injury to his left shoulder and low back. The injured worker's treatment history included left shoulder surgery, multiple arthroscopies of the right knee, multiple injections in the knee, multiple medications, and physical therapy. The injured worker had an MRI of the left shoulder done on 03/13/2013. It concluded that the injured worker had moderate effusion within the shoulder joint, with evidence of moderate impingement. The injured worker was evaluated on 11/18/2013. Physical findings of the back included positive tenderness to the bilateral paraspinous musculature and positive tenderness to palpation to the bilateral sacroiliac joint. The injured worker had restricted range of motion secondary to pain with decreased sensation in the bilateral lower extremities along the L4 nerve root distribution. The injured worker's diagnoses included knee osteoarthritis, degeneration of the lumbar or lumbosacral intervertebral disc, displacement of a lumbar intervertebral disc without myelopathy, rotator cuff tendonitis, sprain/strain of unspecified site of the shoulder, and sprain/strain of the right knee. The injured worker's treatment plan included continued conservative management. The injured worker was again evaluated on 12/16/2013. It was documented the injured worker had continued low back pain that had increased and was interfering with his abilities to participate in active therapy and ambulate. The injured worker underwent a left-sided sciatic nerve block under ultrasound guidance. A request was made for epidural steroid injections, facet joint injections, and an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL WITH BILATERAL FACET INJECTIONS AT L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Injections (diagnostic).

Decision rationale: The requested lumbar epidural with bilateral facet injections at the L4-L5 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have physical examination findings that are supported by physical examination findings of radiculopathy corroborated by an imaging study that has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has evidence of radiculopathy on examination. However, no electrodiagnostic study of the lower extremities or imaging study was provided. American College of Occupational and Environmental Medicine do not support the use of facet joint injections for therapeutic purposes. Official Disability Guidelines recommend facet joint injections for diagnostic purposes for patients with facet mediated pain that have failed to respond to conservative treatments in the absence of radiculopathy. The clinical documentation submitted for review does clearly indicate that the injured worker has radiculopathy. Additionally, there are no physical examination findings to support that the injured worker has facet mediated pain. As such, the requested lumbar epidural with bilateral facet injections at the L4-L5 is not medically necessary or appropriate.

REPEAT LEFT SHOULDER MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 11th Edition (web), Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic Resonance Imaging.

Decision rationale: The requested repeat left shoulder magnetic resonance imaging is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address repeat imaging. Official Disability Guidelines do not support the use of repeat imaging unless there is a significant change in symptoms or the injured worker's pathology. The clinical documentation does include an MRI of 03/2013. The clinical documentation submitted for review does not provide any indication that the injured worker's clinical presentation has significantly changed since the previous MRI. The need for an additional MRI is not indicated. As such, the requested repeat MRI of the left shoulder is not medically necessary or appropriate.

