

Case Number:	CM13-0062509		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2012
Decision Date:	04/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/06/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 patient reported a date of injury of 08/21/2012 and 11/28/2012. The patient has diagnoses of status post left shoulder surgery that removed benign mass in 02/2013, left rotator cuff syndrome, left shoulder labral tear, left shoulder rotator cuff partial tear, low back syndrome, lumbar spine, rule out herniated nucleus pulposus, lower extremity radiculitis. The patient was seen on 11/25/2013 for an orthopedic follow-up examination with complaints of constant severe left shoulder pain 9/10 to 10/10, difficulty with activities of daily living, and left shoulder weakness. Additionally, he complains of low back pain rated 8/10 to 9/10. On exam, all active range of motions are limited due to pain in the shoulder. There was positive impingement test, Neer's test, Hawkins-Kennedy test. Range of motion of the left shoulder flexion was 85 degrees, extension 80 degrees, abduction 35 degrees, adduction 30 degrees, internal rotation 60 degrees, and external rotation 60 degrees. The physician noted they are waiting for authorization for patient to undergo left shoulder acromioplasty with labral repair due to positive MRI findings, failed physical therapy, medications, and injections. Also noted, awaiting scheduling for the MRI Final Determination Letter for IMR Case Number CM13-0062509 3 of the lumbar spine, back brace for the spine to help provide stability and support minimizing the risk of further exacerbation. On 11/15/2013 office visit, it was noted the patient's medications are Percocet and Flexeril, no dosage or frequency noted on either

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR 1 URINE DRUG SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: he patient has a diagnoses of status post left shoulder surgery to remove benign mass, left rotator cuff surgery, left shoulder labral tear, left shoulder rotator cuff partial tear, low back syndrome, lumbar spine, rule out herniated nucleus pulposus, and lower extremity radiculitis. California MTUS Guidelines state for ongoing management of opioids, use of drug screening in patient treatment with issues of abuse, addiction, or poor pain control. The documentation provided does not document previous urine drug screens to note medication administration and pain control with the meds being prescribed; there was also was no documentation of poor pain control. Also in the documentation sent for review, there was no documentation to note of any signs or symptoms of abuse. Therefore, the request is non-certified for urine drug screening.

THE REQUEST FOR 1 BILATERAL L3-S1 MEDIAL BRANCH FACET JOINT RHIZOTOMY NEUROLYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Facet joint radiofrequency neurotomy.

Decision rationale: The patient was seen on 11/25/2013 for follow-up evaluation. The patient continued to have diagnoses of left shoulder rotator cuff tear, lumbar degenerative disc disease, and lumbar spine facet syndrome. On exam, gait was wide-based, lumbar exam noted diffuse lumbar paraspinous muscle tenderness, moderate facet tenderness at L3-S1 levels. The request is for bilateral L3-S1 medial branch facet joint rhizotomy neurolysis. ACOEM states "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The Official Disability Guidelines note for facet joint radiofrequency neurotomy is under study but they do have criteria for use of facet joint radiofrequency neurotomy the guidelines stated while repeat neurotomies may be required, they should not occur in full of less than 6 months from the first procedure documented for relief of greater than or equal to or greater than 50% relief for at least 12 weeks. The current literature does not support that the procedure is successful without sustained pain relief generally at least 6 months duration. No more than 3 procedures should be performed in a year. Approval of repeat neurotomies depend on variables

such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medication and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. The physician did note that the last radiofrequency was done on 12/04/2012 of the bilateral L3-S1 facet joint with great relief of pain. Also noted is the patient stated they were able to reduce the oral intake of the medications, able to walk longer distances without significant pain. The patient also reported that he underwent extensive physical therapy; pain level was decreased for approximately 4 to 6 months. The documentation did not provide quantitative improvement for the patient, also guidelines state no more than 2 joint levels are to be performed at 1 time. The request was for L3-S1 which would exceed that. Therefore, the request is non-certified.