

<b>Case Number:</b>	CM14-0000651		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/08/1999
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient reported a date of injury of 11/08/1999. Per treating physician report 11/26/2013, the patient presents with chronic severe low back pain with radiating pain into the lower extremity and failed back surgery syndrome. The patient has major postsurgical complications including foot drop to the right foot, right side, history of DVT, legs giving away frequently with neurologic issues, distal lower extremity edema causing the patient to at times to spend the day at best rest with legs elevated. The listed assessments are: (1) Cervicalgia, (2) Post-laminectomy syndrome, lumbar region, (3) Pain in joint in multiple sites, (4) Trochanteric bursitis, (5) Unspecified myalgia and myositis. Procedure requested were left shoulder subacromial injection, trigger point injections, caudal epidural steroid injection under fluoroscopic guidance. The request was also for TENS unit as the patient's previous unit no longer is in proper working condition, in line with AME. There is a request also for EMG studies of the bilateral lower extremities. Examination showed paraspinal muscle spasm, straight leg raise test lying and sitting positive on the right side, and "TTP paraspinals, midline to S1".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER SUBACROMIAL INJECTION:** 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), Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** This patient presents with chronic neck and low back pain. The patient has had chronic neck pain and low back pain with prior history with lumbar surgery. The request was for left shoulder subacromial injection. The treating physician documents briefly shoulder pain per report 08/29/2013 and also "shoulder pain persist" on 06/18/2013. The treating physician makes reference to performing a shoulder injection to differentiate shoulder pain from cervical spine as recommended by AME. The AME report was not provided for my review. The request for shoulder injection can be seen on 11/26/2013 report and 10/29/2013 report. However, a 06/18/2013 report by the same physician states that the patient "had shoulder injection". There is no discussion as to when this was done or if it was done on that visit. There is no discussion as to response from this injection. It would appear that the treating physician has forgotten about this injection that was already provided. Subsequent follow-up progress reports from July, August, October, and November do not show discussion regarding the shoulder injection that was provided. The treating physician then requests shoulder injection again in October and November. ACOEM and ODG Guidelines do support shoulder injections for impingement syndromes as bursitis, rotator cuff tendonitis, et cetera. However, in this case, the physician already provided the injection on 06/18/2013. He does not follow up on the results of the shoulder injection. There is no reason to repeat the injection which was already done. Recommendation is for denial.

**TRIGGER POINT INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** This patient suffers from chronic neck and low back pain, has a history of lumbar surgery. The treating physician has asked for trigger point injections. However, the examination findings do not show well-circumscribed trigger points as required by MTUS Guidelines. The physician only documents "TTP is present" per report 11/26/2013. MTUS Guidelines require documentation trigger points that include well-circumscribed local twitch response along with referred pain pattern. Without this documentation, trigger point injections are not recommended. Given the lack of examination findings defining trigger point, recommendation is for denial.

**CARDAL EPIDURAL INJECTIONS:** 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 ESI's Page(s): 46-47.

**Decision rationale:** This patient presents with chronic low back pain with radicular pain down the lower extremity. The treating physician has repeatedly asked for caudal epidural steroid injection. However, he states in his report 06/18/2013 that the patient has had past caudal ESI which helped "immensely". The physician goes on to state that the injection did not result in reduction of medication use. Despite review of 700 pages of reports, I was not able to find operative report to determine when the prior injection was provided, and no progress reports that discuss the actual response. The patient apparently has had MRI of the lumbar spine. The entire file reviewed did not include a report of the MRI. However, the treating physician makes a reference to the MRI findings on 10/29/2013 report stating that there were no "surgical lesions" to be found on MRI. While this patient presents with radicular symptoms down the leg, per the physician no surgical lesion were found on the MRI. Furthermore, the patient has had an epidural steroid injection in the past without medication reduction. MTUS Guidelines do not allow repeat epidural steroid injections unless medication reductions were achieved and documentation of 50% or more reduction of pain lasting 6 to 8 weeks. Recommendation is for denial.

**TENS UNIT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**Decision rationale:** The patient has met the MTUS criteria for TENS and had already been approved for TENS in the past, but the records state the patient's TENS unit is broken and needs replacing. The patient still has pain over 3-months, and ongoing treatment and medication usage is still being reported. The replacement TENS unit for the broken unit that was previously authorized still appears to meet MTUS guidelines.

**EMG BILATERAL LOWER EXTREMITIES (BLE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with persistent low back pain with radiating symptoms down the lower extremity. The treating physician has asked for EMG studies of the bilateral lower extremities. Review of 700 pages reports do not show that this patient recently had an electrodiagnostic studies or EMG studies. ACOEM Guidelines page 303 supports EMG diagnostic studies including H-reflex to evaluate for focal neurologic dysfunction in patients

presenting with chronic low back pain. Given the guideline support and that this patient does not appear to have had EMG studies recently, recommendation is for authorization.