

Case Number:	CM14-0011285		
Date Assigned:	02/21/2014	Date of Injury:	10/04/1986
Decision Date:	08/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine 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:

The injured worker is a male with date of injury 10/4/1986. Orthopedic surgeon supplemental report dated 1/6/2014, the injured worker reports that he has been worse. He states that he has numbness in his back and he has numbness in his legs and numbness goes into his testicles and he has difficulty sleeping on the left side. He also notes that his shoulders hurt him and the neck hurts him and he also has pain in the left wrist where he had complex fractures in the past. He states the cold weather had not helped and that he can barely grip anything with his hands. He states that he cannot even stand in the shower for any period of time before having more left L5 than right L5 radiculopathies. He states that he needs something strong for his pain as the Celebrex tablets are not helping as much with his pain. He is in significant depressed [mood] today. On examination his weight is down to 196 pounds, blood pressure is 150/90, and heart rate is 88 beats per minute. Range of motion in his neck is restricted to the right side by about 40% with moderate spasm in the region of the left lower trapezius, levator muscle spasm from L3 to the sacrum. He has an L5 radiculopathy mostly on the left side, but his main complaints of numbness in his lower extremities mainly in the L5 distribution and numbness in his [groin]. Straight leg raising tests are 20 degrees on either side. The range of forward flexion is restricted to 40% of the lower back. He is with left more than right L5 radiculopathy. There is no significant change in the range of motion in the left wrist. The left shoulder reveals left cervical type of radiculopathy with moderate pain in the subacromial arch area of the left shoulder. The range of forward flexion and abduction are about 120 and 100 degrees respectively. The right shoulder also gives him trouble as he has a rotator cuff tear there. Range of motion is better with the range of forward flexion of about 145 degrees and abduction to 140 degrees. He has bilateral positive impingement signs in his shoulders. He has clinical evidence of left cervical radiculopathy. Diagnoses include 1) multiple trauma 2) sciatica with bilateral L5 radiculopathies

3) left cervical radiculopathy 4) right rotator cuff tear 5) probably left rotator cuff tear 6) degenerative joint disease at the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER JOINT BICIPITAL TENDON INJECTION FACET JOINT INJECTION LEFT L6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: It is noted that the claims administrator did approve the request for left shoulder joint bicipital tendon injection, therefore partially certifying this request which is actually two separate requests. For this reason, the request for facet joint injection left L6 is considered separately. Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. All clinical notes provided for review were reviewed completely. These clinical reports do not document physical examination findings to suggest facet-mediated pain. There was also a lack of documentation of the type of injection to be performed (intra-articular versus medial branch block), the predominant intent (treatment or diagnosis) or a plan to subsequently proceed with possible radiofrequency ablation. The request for facet joint injection left L6 is determined to not be medically necessary.