MAXIMUS Federal Services

Case Number:	CM14-0012585		
Date Assigned:	02/21/2014	Date of Injury:	02/28/2011
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 Pain Management and is licensed to practice in Minnesota. 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 60-year-old male who reported an injury on 02/28/2011; the mechanism of injury was not provided within the documentation. In the clinical note dated 12/23/2013, the injured worker complained of increased left shoulder pain that was constant with pain into the left elbow and hand numbness. He also complained of occasional pain to the right shoulder and constant moderate pain into the neck, mid back, and lower back with numbness of the bilateral limbs secondary to prolonged standing attributed to being nervous. Prior treatments were not noted in the documentation provided. Upon the physical examination of the left shoulder, the injured worker had tenderness with swelling of the left AC joint with postsurgical scarring, and tenderness of the left biceps tendon and left brachioradialis muscle. The physical examination of the bilateral cervical spine, thoracic spine, and lower lumbar spine paraspinal muscles revealed spasm and tenderness. The physical examination of the left hip noted tenderness. It was noted that the spinal levels of C2, C3, C6, C7, T7, T8, L4, L5, and S1 were hypomobile. The range of motion of the left shoulder demonstrated flexion to 100 degrees, abduction to 100 degrees, and internal/external rotation to 55 degrees. Range of motion of the cervical spine was noted as being reduced with flexion, lateral flexion, and rotations. Range of motion of the lower back revealed pain with flexion and extension. It was noted that range of motion to the right shoulder was painful with abduction. The diagnoses included exacerbation of the SPS left shoulder repair of tear of supraspinatus tendon and acromioplasty, post left shoulder injury development of left elbow tendinitis, to consider ulnar nerve entrapment, postsurgical adhesive capsulitis of the left shoulder with MUA, bilateral carpel tunnel syndrome being more intense on left side, exacerbation of cervical, thoracic, and lumbar spine with MR evidence of disc injury, subjective complaints of GI pain caused by pain medication, history of pain into the knees, and subjective complaints of depression, crying, irritability, and anxiety causing family relation disturbances.

The treatment plan included a referral for left shoulder arthrogram for orthopedic examination, a request for epidural and facet infiltration for lower back and neck, and a re-examination in 30-45 days. The Request for Authorization for left shoulder arthrogram and epidural and facet infiltration of the lower back/neck at L5-S1 for pain management was submitted on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-SHOULDER ARTHROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that special studies are not needed unless a 4 - 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. Imaging may be considered for a patient, whose limitations due to consistent symptoms have persisted for 1 month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. In the clinical notes provided for review, there was lack of evidence of the duration and level of the left shoulder pain, as well as documentation of significant functional deficits and positive provocative testing. There was also lack of documentation of the injured worker participating in conservative care, to include physical therapy, home exercise program, and NSAIDs. The requesting physician's rationale for the request was not provided. Therefore, the request for L-Shoulder Arthrogram is not medically necessary.

EPIDURAL AND FACET INFILTRATION OF THE LOWER BACK/NECK AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines Guidelines Epidural steroid injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain- Low Back, Facet blocks.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to

reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. ESIs do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. 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 state that no more than one therapeutic intra-articular block is recommended. The guidelines also state that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). No more than 2 joint levels may be blocked at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The Official Disability Guidelines do not recommend a multiple series of facet joint injections. In the documentation provided there was a lack of documentation indicating the injured worker participated in conservative treatment, to include physical therapy or the use and efficacy of prescribed medications. The clinical notes also lacked documentation of a positive Spurlings test, a positive straight leg raise, decreased sensation, weakness, and decreased reflexes to the upper and lower extremities in order to demonstrate the injured workers need for an epidural steroid injection to the cervical and lumbar spines. The requesting physician did not include MRIs of the cervical and lumbar spine. There was a lack of documentation indicating positive facet loading to the cervical and lumbar spines as well as other physical exam findings demonstrating facetogenic pain. The California MTUS guidelines also state that epidural steroid injections should be performed using fluoroscopy for guidance; however the request does not address the usage of fluoroscopy. The submitted requests did not specify the levels at which the injections were being requested. Additionally, the guidelines do not recommend performing medial branch blocks and epidural steroid injections at the same time. Therefore, the request for epidural and facet infiltration of the lower back/neck at L5-S1 is not medically necessary.