

Case Number:	CM14-0147960		
Date Assigned:	09/15/2014	Date of Injury:	02/28/2006
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured male worker age 43. The date of injury is February 28, 2006. The patient sustained an injury to the lumbar spine and right shoulder. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the Low back, worse with activity, and the right shoulder, worse with movement. A request for right shoulder injection and diagnostic medial branch block at left C2, C2-C3 and C3 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection under fluro: 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), Treatment in Workers Compensation, Shoulder

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

Decision rationale: According to the American College of occupational and environmental medicine guidelines chapter 9 shoulder complaints, shoulder injections are appropriate when conservative measures have failed. According to the documents available for review, it indicates that the patient had previously undergone a right shoulder injection on April 25, 2004 with 85%

improvement of his pain. The most recent progress note however indicates that his right shoulder pain only rated as 2 out of 10 on a VAS pain scale. There is no documentation that the patient has had worsening condition, decreased range of motion or failure of current conservative treatments. Therefore at this time repeat shoulder injection would not be indicated, the requirements for treatment have not been met and therefore medical necessity has not been established.

Diagnostic MBB at left C2, C2-3 and C3: 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), Treatment in Workers Compensation, Neck

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Injections

Decision rationale: Per ODG, criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)] According to the records available for review, the patient had previously undergone radiofrequency lesioning of the C2, C2 -C3 and C3 levels on January 27, 2014. Diagnostic blocks of the same levels would not be indicated or warranted at this time since he is already undergone radiofrequency lesioning. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.