

<b>Case Number:</b>	CM14-0029654		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/06/2000
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 patient is an employee of [REDACTED] and has submitted a claim for failed back surgery syndrome and right shoulder arthritis associated with an industrial injury date of 07/06/2000. Treatment to date has included L3-S1 fusion on unspecified date, trigger point injections, SLAP lesion repair with subacromial decompression of right shoulder on an unspecified date, and medications including Ultram, Cymbalta, Lyrica, Abilify, Nucynta, and Lidoderm patches. Utilization review from 12/18/2013 denied the request for paraspinal scar tissue injection because of its lack of sufficient literature evidence based on ODG. Medical records from 2011 to 2013 were reviewed showing that patient complained of right shoulder and low back pain rated as moderate to moderately severe aggravated by arm activities. Trigger point injections improved the pain by 25-30%. Patient reported that his legs give out and he experienced falls once or twice a week. Physical examination showed right shoulder crepitation on all rotational areas. Range of motion for right shoulder was 160 degrees abduction actively. Range of motion of lumbar spine was 35 to 40 degrees towards flexion with presence of pain. There was tenderness at the right subdeltoid bursa and lumbar soft tissues on either side of the scar and at the superior and medial aspects of iliac crest and posterosuperior iliac spines, bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PARASPINAL SCAR TISSUE 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), Treatment For Workers' Compensation, Online Edition, Chapter: Low Back.

**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 Chapter, Adhesiolysis, Percutaneous.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter was used instead. Adhesiolysis is not recommended due to the lack of sufficient literature evidence. It has been suggested that the purpose of the intervention is to eliminate the effect of scar formation, allowing for direct application of drugs to the involved nerves and tissue, but the exact mechanism of success has not been determined. In this case, the patient has been complaining of chronic back pain that did not respond to lumbar fusion surgery. Recent trigger point injections were noted to be successful per patient's report. Medical records submitted and reviewed did not provide rationale for the requested paraspinal injection. This form of treatment is not recommended as stated above. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for paraspinal scar tissue injection is not medically necessary.