

Case Number:	CM14-0052651		
Date Assigned:	07/11/2014	Date of Injury:	04/27/2012
Decision Date:	09/17/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old male who reported an injury on 04/27/2012. The mechanism of injury was not submitted in report. The injured worker has diagnoses of right shoulder impingement with partial rotator cuff tear and evidence of secondary adhesive capsulitis, L3-4 moderate facet joint arthritis, annular fissure at L2-3, and chronic low back pain. The injured worker's past medical treatment consist of physical therapy and medication therapy. Medication includes Norco. There is no duration, dosage, or frequency noted in the submitted report. The injured worker underwent an x-ray of the AP and lateral cervical spine on 01/24/2014 that revealed normal alignment of the cervical spine. There was moderate disc space narrowing at C4-5. There was near bridging osteophyte at C6-7 and mild disc space narrowing at C5-6. An MRI that was obtained 08/08/2012 revealed mild to moderate neural foraminal narrowing on the right at C4-5 and mild left neural foraminal narrowing at C5-6 and multilevel degenerative change. On 07/06/2013, an MRI of his right shoulder was done, which revealed moderate tendinopathy of the supraspinatus with pretty good defect in the cup. It looked like he had a substantial bursal sided partial thickness tear. It also shows that he had an MRI of the lumbar spine on 03/15/2014, which revealed annular fissure at L2-3 with minimal annular bulging. L3-4 showed moderate facet joint hypertrophy. There was degeneration of the disc with loss of height at L3-4 and L4-5. There was no central stenosis noted, but there was mild to moderate foraminal narrowing at L3-4 and L4-5. The injured worker complained of pain and weakness in his bilateral lower extremities. There were no measurable pain levels documented in the submitted report. Physical examination dated 03/28/2014 revealed that the injured worker had weakness of his bilateral hip flexors secondary to pain. He had 5/5 strength throughout remaining bilateral lower extremities. He had tenderness to palpation along the bilateral paraspinous muscles. The

treatment plan is for the injured worker to undergo injections which include an epidural steroid injection at L2-3 and a facet joint injection at L3-4. The provider feels that the weakness is due to the pain in his lower extremities, and the injections will be beneficial to him. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 FACET JOINT 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.

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

Decision rationale: The request for L3-4 FACET JOINT INJECTION is not medically necessary. The injured worker complained of pain and weakness in his bilateral lower extremities. There were no measurable pain levels documented in the submitted report. The California MTUS/ACOEM Guidelines state that invasive techniques such as facet injections are of questionable merit; however, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. More specifically, the Official Disability Guidelines state the criteria for therapeutic facet joint injections includes that there no evidence of radicular pain, spinal stenosis, or previous fusion; no more than 2 joint levels may be blocked at any one time; and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In addition, the ODG define facet originated pain as tenderness to palpation over the facets; normal sensory examination; and normal straight leg raising exam. There is lack of documentation of failure of conservative care treatment. There was also no documentation showing the plan for additional activity based treatment following the requested injection. Furthermore, the injured worker's clinical presentation showed no radiating symptoms. Therefore, facet injections are not supported by the MTUS Guidelines. The injured worker had tenderness to palpation, but the report did not specify at what level of the spine. There was no documentation of facet joint pain or increased pain with extension or loading of the facet joints to support the request for facet joint injection. As such, the request for L3-4 facet joint injection is not medically necessary.

L2-3 Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for L2-3 Epidural Steroid Injection is not medically necessary. The injured worker complained of pain and weakness in his bilateral lower extremities. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Criteria for the use of ESIs are as followed 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker showed no evidence of having radiculopathy. There were no physical findings or corroboration by imaging. There was also a lack of documentation showing that the injured worker was initially unresponsive to conservative care. Furthermore, the request did not specify how many injections the provider was requesting. As such, the request for L2-3 epidural steroid injections is not medically necessary.