

<b>Case Number:</b>	CM14-0054899		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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:

According to the available medical records, this patient is a 58-year-old male who was injured on 10/5/01 when he fell off a ladder. He is not working. There is injury to the psyche, internal wrist, right shoulder, low back, neck and dental. Given the age of the injury there has been considerable previous treatment, consultations and diagnostic testing. Patient has undergone right shoulder arthroscopic surgery 5/24/04, epidural steroid injections to the thoracic and lumbar spines. There have been multiple psychiatric hospitalizations. There is an initial evaluation from the current treating orthopedist dated 10/21/13. Patient was seen roughly monthly by the provider up to the current 3/26/14 report with multiple requests that are subject of this review. In the initial evaluation there are complaints of neck pain the right shoulder and head, upper back pain, non-radiating, lower back pain radiating to the right knee, right shoulder pain radiating to the right fingers.. That report also requested PT, orthopedic bed, MRI of the lumbar and thoracic spines, upper and lower Electrodiagnostic studies and digital range of motion. Psych consult was requested. Patient was temporarily totally disabled. The next several reports indicate patient was following up with psyche and pain medicine. The lumbar spine MRI 11/26/13 showed disc bulge at L4-5 without significant foraminal narrowing or canal stenosis. There was a 2 mm disc at L2-3 also causing no neural foraminal narrowing or canal stenosis. Moderate bilateral hypertrophic facet degenerative changes were seen. A 12/9/13 report indicated patient was being seen for initial consultation for the shoulder and back by a different orthopedist. There is no mention of what the purpose of that was. Patient continued to also see the pain management physician with no mention of what active treatment was being provided. A 2/19/14 report discussed facet block injections apparently at the recommendation of the other orthopedist he was seeing. Orthopedic bed was also mentioned as was PT. The 3/26/14 report requesting the current treatments and consultations indicated that there was no new tingling, numbness, no new pain in any new body

areas. There is pain in the upper back, lower back and right shoulder. There is a handwritten notation that the patient had not gotten his psych meds and he was complaining of increased pain and irritability and was experiencing suicidal thoughts. He was scheduled to see the psychologist or psychiatrist the following day. Physical exam stated that light touch sensation left anterior thigh, left lateral ankle were intact. Diagnoses were thoracic spine strain, lumbar spine disc rupture, failed right shoulder surgery times 2 and other problems unrelated to current evaluation. Treatment plan states facet block injection per the other orthopedist, physical therapy 2 x 6 for thoracic, lumbar and right shoulder, follow-ups with pain medicine & orthopedist. The patient was to return in 5 weeks. Although there is mention of nonspecific increased pain, no details were given and it is not clear that there was actually any acute exacerbation of pain in the shoulder, mid back or lower back. The specific goals of physical therapy were not indicated. There is no documentation of what treatment is being given by the pain management physician or the other orthopedist. There is no documentation as to why the other orthopedist recommended facet injections in the lumbar spine. There is no examination documented in the report except discussion of the sensation in the lower extremity. 11/12/13 electrodiagnostic testing of the upper extremities with the normal limits and in the lower extremities there was a mild acute right L5 radiculopathy. Shoulder MRI 11/26/13 had shown a type II superior labral anterior posterior tear and some degenerative changes at the acromioclavicular joint. Thoracic spine MRI was within normal limits. Also in the records there was mention of a physical therapy evaluation 10/23/13 for the lower back and right upper extremity. The reports from the current provider do not mention whether the patient got the PT or what the results of the therapy were.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Facet block injection L4-L5 times 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, facet joint diagnostic blocks, facet joint injections, lumbar.

**Decision rationale:** There is no documentation that there is any facet mediated pain on examination. The patient also has radicular symptoms. The request does not state whether these are to be facet joint injections or diagnostic blocks. ACOEM does not support facet joint injection/blocks. ODG provides limited support for diagnostic blocks when there are physical examination signs consistent with facetogenic pain in the absence of radicular symptoms. Therefore, based upon the available evidence and the guides, this is not considered be necessary.

#### **Physical therapy 2 times a week for 6 weeks for thoracic spine, lumbar spine and right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS chronic pain guidelines regarding physical medicine for chronic pain stated active therapy which may require supervision from a therapist to restore flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Allows for fading of treatment from up to 3 visits a week to 1 or less in conjunction with active self-directed home physical medicine. Generally, physical therapy for chronic pain would be indicated when there is exacerbation/flare up of the patient's chronic pain levels which is not documented in the reports. Additionally the reports make no mention of what the specific purpose of the physical therapy is and what it is and expected to achieve. Thus, based upon the evidence and the guidelines this is not considered be medically necessary.

**Orthopedic bed:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mattress selection.

**Decision rationale:** MTUS guidelines do not address specific mattresses. ODG says that there are no high quality studies to support purchase of any type of specialized mattress or bedding as treatment for low back pain mattress selection is subjective and depends on personal preference and individual factors. Therefore, based upon the evidence provided and guidelines, this is not medically necessary.

**Pain medicine consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7 Independent Medical Examinations and Consultations page 127.

**Decision rationale:** The reports do not document that this patient is being prescribed any treatment by the pain management physician. There is no medical necessity for invasive pain management procedures. There is no documentation what is expected from the pain management physician in terms of treatment recommendations. The guides state that a consultation is to aid in the diagnosis, prognosis, therapeutic management determination of medical stability and/or determination of permanent residual loss or fitness for return to work. There is no indication that this is necessary in this patient's case. Thus, based on the evidence and the guides, this is not approved.

**Orthopedic consultation:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations page 127.

**Decision rationale:** The requesting physician is an orthopedist. There is no documentation in the reports for why this patient would need to see another orthopedist. There is no indication this patient is currently a surgical candidate or that there is any particular complexity of diagnosis. The guides state that a consultation is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and/or determination of permanent residual loss or fitness for return to work. There is no indication that this is necessary in this patient's case. Thus, based upon the evidence and the guides, this is not approved.