

Case Number:	CM15-0101653		
Date Assigned:	06/04/2015	Date of Injury:	09/23/2013
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male, who sustained an industrial injury on September 23, 2013. The injured worker was diagnosed as having right shoulder rotator cuff tear, facet arthropathy, and degenerative disc disease with disc bulging, and status post-right shoulder surgical intervention. Treatment to date has included right shoulder surgery, MRIs, CT Arthrogram, musculoligamentous injections, physical therapy, and medication. Currently, the injured worker complains of right shoulder pain and low back pain with occasional radiation into the lower extremities. The Initial Orthopedic Evaluation dated February 26, 2015, noted the injured worker reported his low back pain was occasional, rated between a 7 to an 8 and sharp and throbbing. Examination of the lumbar spine was noted to show tenderness to palpation over the lumbosacral junction as well as the paraspinal muscles, with positive facet loading with significantly more pain with extension and flexion. A MRI was noted to show disc protrusions at L4-L5 and L5-S1 causing some central and lateral recess stenosis, with the significant finding of significant facet involvement. The injured worker received Lidocaine injections to the thoracolumbar fascia bilaterally at L4, L5, and S1, and into the left and right paraspinal areas where he had trigger points to try to calm down his trigger points. The Physician noted that upon completion, the injured worker's symptoms were significantly improved, with no complications noted. The Treating Physician's report dated April 21, 2015, noted the injured worker reported his pain was unchanged, rating it a 7-8/10, using Norco. Examination of the right shoulder showed notable swelling, tenderness to palpation, weakness in all planes of motion, and a

positive impingement test. The treatment plan was noted to include a request for authorization for surgical arthroscopy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: There is no report of acute flare-up for persistent chronic low back pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated facet arthropathy deficits to corroborate with the imaging studies to support for the lumbar facet injections, especially in a patient who exhibited radicular symptoms with correlating MR showing central and lateral recess stenosis with lumbar radiculopathy. MTUS Chronic Pain Medical Treatment Guidelines recommend facet blocks as an option diagnostically; however, clinical findings must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. As the lumbar injections are not supported, the pain management consultation with procedural treatment is not supported. The Pain management consultation is not medically necessary and appropriate.

Facet block injection at L4-S1: 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), Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in-patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints. Submitted reports have not demonstrated support outside guidelines criteria. The Facet block injection at L4-S1 is not medically necessary and appropriate.

