

Case Number:	CM15-0188490		
Date Assigned:	09/30/2015	Date of Injury:	12/29/2013
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old male, who sustained an industrial injury on 12-29-13. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar disc protrusion, lumbosacral spondylosis, chronic pain syndrome, unspecified thoracic-lumbar radiculitis or neuritis, right shoulder strain, opioid type dependence and status-post right total knee replacement. The injured worker was noted to be temporarily totally disabled. On (9-1-15) the injured worker complained of constant back pain and knee pain rated 8 out of 10 on the visual analogue scale. The injured worker noted that the right knee pain was worsening. Examination of the lumbar spine revealed tenderness to palpation over the lumbar four to lumbar five facets and noted bilateral lumbar trigger points. A straight leg raise test was positive on the right. Right lumbar radicular signs were also noted. Examination of the right shoulder revealed a positive apprehension test and decreased adduction strength (3-5). Treatment and evaluation to date has included medications, MRI of the lumbar spine and right shoulder (2014) and epidural steroid injections (4-18-15). The injured worker reported 60% improvement in pain on the day of the lumbar epidural steroid injection until the present. Current medications include Butrans, Cymbalta, Morphine, Dilaudid suppository, Ultracin cream and Topamax. Current treatment requests include a right lumbar four-lumbar five medial branch block with fluoroscopy, lumbar epidural steroid injection with fluoroscopy to lumbar five-sacral one and a right shoulder injection with ultrasound. The Utilization Review documentation dated 9-15-15 non-certified the requests for a right lumbar four-lumbar five

medial branch block with fluoroscopy, lumbar epidural steroid injection with fluoroscopy to lumbar five-sacral one and a right shoulder injection with ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBB (medial branch block), Right Lumbar L4, L5, with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Diagnostic Blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections) Facet joint diagnostic blocks (injections).

Decision rationale: The injured worker sustained a work related injury on 12-29-13. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, lumbar disc protrusion, lumbosacral spondylosis, chronic pain syndrome, unspecified thoracic-lumbar radiculitis or neuritis, right shoulder strain, opioid type dependence and status-post right total knee replacement. Treatments have included Epidural steroid injection; Butrans, Cymbalta, Morphine, Dilaudid suppository, Ultracin cream and Topamax. The medical records provided for review do not indicate a medical necessity for MBB (medial branch block), Right Lumbar L4, L5, with fluoroscopy. The MTUS recommends against facet blocks; the Official Disability Guidelines states that diagnostic facet joint injections are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The medical records indicate the injured worker suffers radicular low back pain. Therefore the requested treatment is not medically necessary.

Lumbar epidural steroid injection with fluoroscopy at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The injured worker sustained a work related injury on 12-29-13. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, lumbar disc protrusion, lumbosacral spondylosis, chronic pain syndrome, unspecified thoracic-lumbar radiculitis or neuritis, right shoulder strain, opioid type dependence and status-post right total knee replacement. Treatments have included Epidural steroid injection; Butrans, Cymbalta, Morphine, Dilaudid suppository, Ultracin cream and Topamax. The medical records provided for review do not indicate a medical necessity for Lumbar epidural steroid injection with fluoroscopy at L5-S1. The MTUS guidelines for epidural steroid injection recommends

documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The medical records indicate the previous Epidural Steroid Injection given on 04/18/15 provided 60% pain reduction that lasted up to the time of visit on 04/24/15; however, no further information was provided regarding the continued benefit from this injection.

Right shoulder injection with ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Steroid injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Steroid injections.

Decision rationale: The injured worker sustained a work related injury on 12-29-13. The medical records provided indicate the diagnosis of lumbar degenerative disc disease, lumbar disc protrusion, lumbosacral spondylosis, chronic pain syndrome, unspecified thoracic-lumbar radiculitis or neuritis, right shoulder strain, opioid type dependence and status-post right total knee replacement. Treatments have included Epidural steroid injection; Butrans, Cymbalta, Morphine, Dilaudid suppository, Ultracin cream and Topamax. The medical records provided for review do not indicate a medical necessity for Right shoulder injection with ultrasound. Although the medical records indicate this is a repeat shoulder injection, there was no information regarding the outcome of previous injection, neither was there a thorough shoulder examination. Furthermore, the MTUS does not recommend the use of ultrasound for shoulder injections. The Official Disability Guidelines Criteria for Steroid injections of the shoulder include: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three.