

Case Number:	CM14-0160623		
Date Assigned:	10/06/2014	Date of Injury:	07/25/2013
Decision Date:	11/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 injured worker is a 51-year-old left-hand dominant male with a date of injury on July 25, 2013. He underwent electromyogram/nerve conduction velocity on July 14, 2014 which revealed abnormal nerve conduction study results. The magnetic resonance imaging scan of the lumbar spine dated July 16, 2014 noted the following findings: (a) degenerative changes in the lumbar spine, (b) left L5 pars defect with associated stress related bone marrow edema in the pedicles of L4 and L5 and a 3-mm grade 1 anterolisthesis L5 on S1, and (c) mild osteoarthritis of the L4-L5 facet joints. The records dated September 16, 2014 noted that the injured worker complained of upper and lower lumbar pain. He rated his pain as 7/10, right greater than left shoulder. Tenderness was noted over the left lower trapezius. Bilateral hip flexors were 4/5 with back pain. Sensation was decreased in the left L5 otherwise intact in the left L1-L4, and S1, S2. The most recent records dated September 17, 2014 the injured worker presented with complaints of bilateral shoulder pain, right more symptomatic than left. He underwent magnetic resonance imaging of the right shoulder due to persistent shoulder pain. He also received corticosteroid injections but did his symptoms did not resolve in spite of medical treatment including six physical therapy sessions. He also has left shoulder symptoms which were the same with his right. He noted dull ache in both arms, loss of shoulder movement, weakness, and persistent pain. The magnetic resonance imaging scan of the right shoulder performed on July 16, 2014 demonstrated (a) full-thickness tear of the right subscapularis tendon which measures 3.1cm by 1.5cm in anteroposterior dimension with retraction of the tendon by 3.1 cm from the footplate insertion on the acromion, (b) fraying of the anterior labrum, (c) down-sloping acromion with subacromial spur, causing risk for impingement syndrome. The motor strength was 4+/5, bilaterally. The Hawkin's, O'Brien's, and Speed's test were positive, bilaterally. Tenderness was noted over the supraspinatus tendon insertion of both shoulders. Tenderness was noted to

palpation on T10 through T12 along the medial border of his left scapula. Soft tissue swelling was noted at the inferior angle of the scapula measuring approximately 10cm in diameter. He is diagnosed with (a) full-thickness tears of rotator cuff, right shoulder, with labral tear and possible impingement syndrome, (b) left shoulder strain with possible rotator cuff tear of left shoulder, (c) cervical spondylosis, (d) late effects of traumatic brain injury, (e) lumbar spondylosis, (g) myofascial pain syndrome, and (h) lumbar spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left lumbar L5 Pars steroid injection x1 as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low Back (updated 08/22/14)

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: According to Official Disability Guidelines, one of the recommended treatments for a pars defect of the lumbar spine is through the provision of a corticosteroid injection under fluoroscopic guidance. Pars injections is generally classified under therapeutic intra-articular and injections. In this case, records dated September 16, 2014 noted the following physical examination findings: Records dated September 16, 2014 noted that the injured worker complained of upper and lower lumbar pain. He rated his pain as 7/10 with the right greater than left shoulder. Tenderness was noted over the left lower trapezius. Bilateral hip flexion was 4/5 with back pain. Sensation was decreased in the left L5 otherwise intact in the left L1-L4, and S1, S2. The magnetic resonance imaging scan of the lumbar spine dated July 16, 2014 notes the injured worker is noted to have left L5 pars defect with associated stress related bone marrow edema in the pedicles of L4 and L5 and a three-millimeter grade 1 anterolisthesis L5 on S1, and (c) mild osteoarthritis of the L4-L5 facet joints. According to the criteria set by evidence-based Official Disability Guidelines, which indicates that (a) no more than one therapeutic intra-articular block is recommended; (b) there should be no evidence of radicular pain, spinal stenosis, or previous fusion; and (c) no more than two blocks at any one time. Based on the clinical presentation of this injured worker, it is apparent that his clinical presentation sufficiently meets the aforementioned criteria. There is no documentation of radiculopathy as well as there is no evidence of a prior lumbar spine fusion. Therefore, the medical necessity of the requested 1 left lumbar L5 pars steroid injection x1 as an outpatient is established. Utilization review opined that there were no imaging studies provided document any defect in the pars or symptoms and findings of the lumbar spine to support medical necessity. However, records do indicate a magnetic resonance imaging scan of the lumbar spine performed on September 16, 2014 which confirms left pars defect.