

<b>Case Number:</b>	CM15-0120299		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Pennsylvania, Ohio, 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 52 year old male, who sustained an industrial injury on 9/8/2014. He reported pain in his left shoulder and low back. Diagnoses have included lumbar strain, pre-existing lumbar spinal stenosis with right sided sciatica, new left sided sciatica, left shoulder rotator cuff strain with frozen shoulder and left hand numbness. Treatment to date has included acupuncture and medication. According to the progress report dated 5/13/2015, the injured worker complained of persistent neck pain rated 8/10 which radiated down the left arm to the shoulder and down to the hand with weakness and numbness. He complained of lower back pain rated 6/10 which was slightly improved with acupuncture. He complained of left shoulder pain rated 8/10. Exam of the lumbar spine revealed decreased range of motion and tenderness over the paraspinals bilaterally. Kemp's sign was positive bilaterally. Exam of the cervical spine revealed decreased range of motion and tenderness to the paraspinals. There was positive Spurling's on the left. There was decreased sensation and strength at 4/5 on the left at C5, C6, C7 and C8. Exam of the left shoulder revealed worsening, decreased range of motion. Authorization was requested for bilateral L4-L5 and L5-S1 facet injection, magnetic resonance imaging (MRI) of the cervical spine and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 and L5-S1 facet injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** ACOEM concludes that invasive techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. This request is not medically necessary.

**MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. The records do not document such red flag findings at this time. The rationale/indication for the requested cervical MRI are not apparent. This request is not medically necessary.

**Lidoderm Patch 5%, 12h on and 12h off to lumbar and cervical #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57 and 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidoderm Page(s): 112.

**Decision rationale:** MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.