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| Case Number: | CM15-0126164 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 01/23/2014 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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, Florida, California

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 57 year old male, who sustained an industrial injury on 1/23/14. The initial diagnosis and symptoms experience, by the injured worker, were not included in the documentation. Treatment to date has included urine drug screen, EKG, laboratory tests, surgery, MRI, physical therapy, aqua therapy and an assistive device for ambulation. Currently, the injured worker complains of sporadic headaches, bilateral shoulder and low back pain as well as left sternal ribs. He reports the pain is located from his neck to his legs. He reports he experiences a cramping, burning pain in his left thigh that is accompanied by numbness in his outer thigh. He rates his pain 10/10 with medications and when he is active; however he does report hydrocodone decreases the pain enough to be able to engage in activities of daily living and physical therapy. The injured worker is diagnosed with carcinogenic headache, mild closed head injury, bilateral shoulder impingement syndrome, bilateral adhesive capsulitis, left acromioclavicular joint arthritis, cervical sprain and strain, thoracic fractures at T6, T9 and L1 vertebral fracture, sternal and left rib pain. His work status is temporarily totally disabled. A note dated 6/9/15 states the injured worker underwent bilateral shoulder surgery, which helped with the pain. The note also states a urine toxicology screen in May 2015 tested positive for marijuana as well as prescribed opioids. A note dated 3/10/15 states the injured worker is experiencing therapeutic efficacy from aqua therapy and improvement is sleep disturbance with the addition of Cymbalta, which is alleviating some of his nocturnal pain. The note also states the injured worker has an altered gait and is using a cane to assist with ambulation. An examination of the same date reveals the injured worker is tender to palpation at the sternum and

thoracic spine and there is guarded range of motion as well. Pain was experienced in the thoracic region with cervical spine range of motion and the impingement test to both shoulders was positive. The following treatment, a thoracic medial branch block for bilateral T8-T9 and T9-T10 under fluoroscopic guidance and bilateral subacromial sub-deltoid steroid injection is being requested to help alleviate the injured worker's symptoms of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Medial Branch Block for Bilateral T8-T9 and T9-T10 under Fluoroscopic

Guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, back section, under thoracic facet injections.

Decision rationale: This claimant was injured about 1.5 years ago. Treatment has included urine drug screen, EKG, laboratory tests, surgery, MRI, physical therapy, aqua therapy and an assistive device for ambulation. There continues to be headaches, bilateral shoulder and low back pain as well as left sternal ribs and a burning pain in his left thigh that is accompanied by numbness in his outer thigh. The diagnoses are carcinoid headache, mild closed head injury, bilateral shoulder impingement syndrome, bilateral adhesive capsulitis, left acromioclavicular joint arthritis, cervical sprain and strain, thoracic fractures at T6, T9 and L1 vertebral fracture, sternal and left rib pain. There is pain in the thoracic region with cervical spine range of motion. This request is for thoracic facet injections. However, the ODG is not at all supportive of this procedure based on the evidence. It notes there is limited research on therapeutic blocks or neurotomies in the thoracic region. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. Given this adverse evidentiary support of these injections in this region of the spine, the request is not medically necessary.

Bilateral Subacromial Subdeltoid Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Low Back Lumbar & Thoracic (Acute & Chronic) (updated 05/15/15) Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): ACOEM, Chapter 3, Initial Approaches to Treatment, page 48.

Decision rationale: As shared previously, this claimant was injured about 1.5 years ago. Treatment has included urine drug screen, EKG, laboratory tests, surgery, MRI, physical therapy, aqua therapy and an assistive device for ambulation. There continues to be headaches, bilateral shoulder and low back pain as well as left sternal ribs and a burning pain in his left thigh that is

accompanied by numbness in his outer thigh. Pain was experienced in the thoracic region with cervical spine range of motion. Bilateral subacromial and subdeltoid steroid injection is requested. However, like in the previous request, the MTUS is not supportive of this form of injection. It notes that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re-injury. It notes that local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intra-articular administration, including infection and unintended damage to neurovascular structures. Criteria for steroid injections as proposed are not met. The request is not medically necessary.