

Case Number:	CM15-0129450		
Date Assigned:	07/20/2015	Date of Injury:	06/23/2006
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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, New York, 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 applicant is a represented 52-year-old who has filed a claim for chronic low back, hip, and shoulder pain reportedly associated with an industrial injury of June 23, 2006. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for a left shoulder MRI and a combined lumbar epidural-facet injection. Non-MTUS Third Edition ACOEM Guidelines were invoked and mislabeled as originating from the MTUS. The claims administrator referenced an RFA form received on June 22, 2015 in its determination. On an RFA form dated June 22, 2015, a shoulder MRI and a combined lumbar epidural-facet injection were sought. In an associated progress note dated June 22, 2015, the applicant reported 6-9/10 low back pain complaints, exacerbated by lifting, carrying, pushing, pulling, kneeling, climbing, and squatting. The applicant had received physical therapy, acupuncture, a cervical pillow, and a lumbar support, it was reported. Even basic activities of daily living such as grooming, getting dressed, walking, and preparing meals were adversely impacted, the treating provider reported. The applicant's work duties were described as having been "affected" significantly suggesting that the applicant was not working. Derivative complaints of depression, anxiety, and insomnia were reported. The applicant was an active smoker, it was suggested. Left shoulder pain was appreciated on palpation. The applicant was asked to pursue interventional pain management procedure involving the lumbar spine. The applicant was able to walk on her toes and heels, it was reported. Left shoulder MRI imaging, a left shoulder injection, and a lumbar facet injection were sought at the bottom of the note. It was not stated how the proposed shoulder MRI would

influence or alter the treatment plan. An associated July 2, 2015 RFA form suggested that the requesting provider was a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MRI w/o Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: No, the request for a left shoulder MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, it was not stated how the proposed shoulder MRI would influence or alter the treatment plan. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the shoulder MRI at issue and consider surgical intervention based on the outcome of the same. The multifocal nature of the applicant's pain complaints, which included the neck, shoulder, low back, bilateral hips, etc., superimposed on the applicant's depressive issues, significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a pain management specialist (as opposed to a shoulder surgeon) further reduced the likelihood that the applicant was acting on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Lumbar Epidural Facet Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Similarly, the request for a combined lumbar epidural-facet injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that epidural steroid injection should be corroborated by imaging studies and/or electrodiagnostic testing. Here, however, earlier lumbar MRI imaging of August 20, 2014 was notable for multilevel disk protrusions and degeneration of uncertain clinical significance. There was not, in short, a clear or compelling radiographic corroboration of radiculopathy. The MTUS Guideline in ACOEM

Chapter 12, Table 12-8, page 309 also notes that facet joint injections, as were also sought here, are deemed "not recommended." The attending provider did not, furthermore, furnish a clear or compelling rationale for a combined epidural-facet injection here. It was not stated why a facet injection was sought in the context of the applicant's having ongoing left lower extremity radicular pain complaints. Therefore, the request was not medically necessary.