

<b>Case Number:</b>	CM15-0070161		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/28/2005
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female with an industrial injury dated 10/28/2005; 10/29/2005-08/28/2010. Her diagnoses includes cervical disc protrusion, status post-surgery, cervical spine; lumbar disc protrusion, right rotator cuff tear, right shoulder sprain/strain, left shoulder internal derangement, status post-surgery, left shoulder; left knee lateral meniscus tear, left knee sprain/strain, left ankle internal derangement and left ankle sprain/strain. Prior treatment included cortisone injections, TENS unit and medications. She presents on 03/17/2015 with complaints of pain of cervical spine, lumbar spine, left shoulder, right shoulder, left knee and right and left ankle. Physical exam revealed tenderness and spasm of the cervical spine and tenderness to palpation of the right shoulder and left knee. Treatment plan included lumbar facet blocks and steroid injection to shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Blocks L2-5 Bilaterally time1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Section 722.1 Subsection under facet injection.

**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 Pain: Lumbar Facet Injections.

**Decision rationale:** Lumbar Facet Blocks L2-5 bilateral x 1 is not medically necessary require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is non-radicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. The request is for more than two facet joints and there is lack of documentation of quantifiable results with previous injections; therefore the requested procedure is not medically necessary.

**Steroid Injection Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Complaints: Steroid Injections.

**Decision rationale:** Steroid Injection Right Shoulder is not medically necessary. CA MTUS guidelines references ODG and states that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs for two to three weeks. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The guidelines recommend at least 2-3 weeks of conservative therapy prior to attempting steroid injections of the shoulder. The medical records lack documentation of the number of steroid injections to the right shoulder as well as quantified results with previous injections; therefore, the requested service is not medically necessary.

