

Case Number:	CM13-0001811		
Date Assigned:	05/02/2014	Date of Injury:	08/08/2002
Decision Date:	07/09/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/17/2013

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 Anesthesiology and is licensed to practice in South Carolina. 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:

This is a 58-year-old female with a date of injury of 08/08/2002. This patient's diagnoses include post traumatic cervical sprain, post traumatic lumbar sprain with radiculopathy, foraminal narrowing at L3-L4 bilaterally with marked facet disc osteophyte ridge causing narrowing of the canal at L4-L5, central disc protrusion at L5-S1, left elbow contusion and subdeltoid bursitis. Several notes document the patient's reports of continued neck pain, moderate to severe right knee pain, moderate to severe low back pain and stiffness with radiation to bilateral lower extremities, continued intermittent tingling and numbness of the upper extremities. There is also a note from 12/16/2013 documenting worsening upper extremity symptoms after epidural steroid injection. This patient is status post anterior cervical discectomy and fusion of C5-C6 on 03/20/2006, left shoulder surgery (x2) on 08/23/2003 & 11/11/2004 and right total knee replacement on 05/07/2012. There is documented evidence of three separate C3-C4 bilateral transforaminal epidural steroid injections on 03/27/2013, 05/20/13 and 06/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SECOND EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: This request is for 1 (one) second epidural steroid injection C3-C4 between 06/03/2013 and 08/20/2013. There is documented evidence of a C3-C4 transforaminal epidural steroid injection on 03/27/2013 using 1 ml of 2% lidocaine and 7.5 mg of dexamethasone. This was performed using contrast media and fluoroscopic guidance. There was reportedly a 40% pain relief with increased activity and decreased medication intake, 12 days after this procedure was performed. There was an additional C3-C4 transforaminal epidural steroid injection performed on 05/20/2013 with report of significant pain relief (approximately 80%) with continued intermittent numbness and tingling of the upper extremities. There is documentation of a third C3-C4 transforaminal epidural steroid injection reported on 06/17/2013. As of December 2013 the patient was noted to have worsening upper extremity symptoms after upper extremity steroid injection. According to ACOEM guidelines cervical epidural corticosteroid injections are of uncertain benefit. These are usually reserved for patients who would otherwise undergo surgery if there were a nerve root compromise. In addition, MTUS guidelines do not support epidural steroid injections to treat cervical radicular pain. If epidural steroid injections are utilized for treatment of pain, current recommendations are for no more than two epidural steroid injections. Further, it is unclear if this patient has a documented cervical radiculopathy. There is no clearly documented evidence of the specific nature and length of success (pain/inflammation relief and restoration of range of motion) after the first epidural steroid injection. MTUS guidelines state, repeated injection should be based on continued documented evidence of improvement including at least 50% pain relief and a six to eight week reduction in the use of medication. Even if documentation was adequate to support a second epidural steroid injection MTUS guidelines recommend no more than 2 (two) epidural steroid injections. A "series of three" is not recommended. There is clear documented evidence of this patient having 2 (two) epidural steroid injections prior to 06/03/2013. Therefore, the above listed issue is considered NOT medically necessary.

1 RHIZOTOMY AT L3-S1 LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint medical branch blocks.

Decision rationale: This is a request for rhizotomy at the L3-S1 level. A radiofrequency neurotomy (A.K.A. facet rhizotomy) is a pain management technique used to treat pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying the facet joint, specifically the medial branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. There is documentation on 02/04/2013 regarding recommendation of a repeat radiofrequency neurolysis at L3-S1. The record states the patient had this procedure done over a year ago and received almost 9 months of relief. There is no report of functional

improvement or decreased requirement for pain medication. According to the ODG facet joint blocks are generally not recommended to treat lumbar pain but only as a diagnostic tool. There is minimal evidence to support the use of lumbar branch blocks for chronic pain. This recommendation is also supported by the ACOEM guidelines. There is a paucity of quality literature to support the use of radiofrequency neurotomy in the lumbar region. In addition, there is no evidence of a this patient having a medial branch block for diagnostic purposes prior to proposed rhizotomy. Therefore, the above listed issue is considered to be NOT medically necessary.