

Case Number:	CM13-0037485		
Date Assigned:	12/13/2013	Date of Injury:	11/07/2012
Decision Date:	02/13/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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:

The patient is a 50 year old female who reported an injury on 11/07/2012. The patient is diagnosed with displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, spinal stenosis in the cervical region, cervical facet joint syndrome, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis, lumbar facet joint syndrome, headache, dysthymic disorder, insomnia, facet arthrosis at C3-7, facet arthrosis at L2-S1 and left S1 radiculopathy. The patient was seen by [REDACTED] on 09/23/2013. The patient reported 6/10 constant neck pain with numbness and tingling as well as 7/10 lower back pain with numbness and tingling. Physical examination of the cervical spine revealed absent reflexes bilaterally; abnormal sensation corresponding to the C5, C6, C7 and C8 dermatomes; decreased range of motion; and paraspinal tenderness with slight tenderness at the facet joints bilaterally. The patient also demonstrated positive compression testing. Physical examination of the lumbar spine revealed positive Bechterew's and Kemp's testing on the right, positive sciatic tension on the right, positive straight leg raise on the right, absent reflexes bilaterally, diminished sensation, decreased range of motion, tenderness to palpation and facet joint tenderness bilaterally. Treatment recommendations included a second diagnostic lumbar epidural steroid injection (ESI) at L2-S1, facet joint block at L1-4, internal medicine clearance and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic lumbar ESI at disc levels L2-L3: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than 2 nerve root levels should be injected using transforaminal blocks; no more than 1 interlaminar level should be injected at 1 session. As per the clinical notes submitted, the patient has previously undergone epidural steroid injections. Documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided. Furthermore, the current request for epidural steroid injections at L2-3, L3-4, L4-5 and L5-S1 is in excess of guideline recommendations. Based on the clinical information received, the request is non-certified.

Second diagnostic lumbar ESI at disc levels L3-L4: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than 2 nerve root levels should be injected using transforaminal blocks; no more than 1 interlaminar level should be injected at 1 session. As per the clinical notes submitted, the patient has previously undergone epidural steroid injections. Documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided. Furthermore, the current request for epidural steroid injections at L2-3, L3-4, L4-5 and L5-S1 is in excess of guideline recommendations. Based on the clinical information received, the request is non-certified.

Second diagnostic lumbar ESI disc levels L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Page(.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than 2 nerve root levels should be injected using transforaminal blocks; no more than 1 interlaminar level should be injected at 1 session. As per the clinical notes submitted, the patient has previously undergone epidural steroid injections. Documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided. Furthermore, the current request for epidural steroid injections at L2-3, L3-4, L4-5 and L5-S1 is in excess of guideline recommendations. Based on the clinical information received, the request is non-certified.

Second diagnostic lumbar ESI at disc levels L5-S1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than 2 nerve root levels should be injected using transforaminal blocks; no more than 1 interlaminar level should be injected at 1 session. As per the clinical notes submitted, the patient has previously undergone epidural steroid injections. Documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided. Furthermore, the current request for epidural steroid injections at L2-3, L3-4, L4-5 and L5-S1 is in excess of guideline recommendations. Based on the clinical information received, the request is non-certified.

Lumbar facet joint block at the medial branch at levels L1-L2 bilateral qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in

the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. The Official Disability Guidelines state that facet joint injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. As per the clinical notes submitted, the patient's physical examination does reveal signs and symptoms of lumbar radiculopathy. The patient does maintain a diagnosis of thoracic or lumbosacral neuritis or radiculitis, which reportedly was confirmed on an electromyography (EMG) study. The patient underwent an MRI of the lumbar spine on 03/11/2013, which did reveal bilateral facet degeneration. However, the current request for facet joint blocks at L1-2, L2-3 and L3-4 exceeds the guideline recommendations for no more than 2 facet joint levels to be injected in 1 session. Based on the clinical information received, the request is non-certified.

Lumbar facet joint block at the medial branch at levels L2-L3 qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: Therapeutic Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. The Official Disability Guidelines state that facet joint injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. As per the clinical notes submitted, the patient's physical examination does reveal signs and symptoms of lumbar radiculopathy. The patient does maintain a diagnosis of thoracic or lumbosacral neuritis or radiculitis, which reportedly was confirmed on an EMG study. The patient underwent an MRI of the lumbar spine on 03/11/2013, which did reveal bilateral facet degeneration. However, the current request for facet joint blocks at L1-2, L2-3 and L3-4 exceeds the guideline recommendations for no more than 2 facet joint levels to be injected in 1 session. Based on the clinical information received, the request is non-certified.

Lumbar facet joint block at the medial branch at levels L3-L4 bilateral qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. The Official Disability Guidelines state that facet joint injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. As per the clinical notes submitted, the patient's physical examination does reveal signs and symptoms of lumbar radiculopathy. The patient does maintain a diagnosis of thoracic or lumbosacral neuritis or radiculitis, which reportedly was confirmed on an EMG study. The patient underwent an MRI of the lumbar spine on 03/11/2013, which did reveal bilateral facet degeneration. However, the current request for facet joint blocks at L1-2, L2-3 and L3-4 exceeds the guideline recommendations for no more than 2 facet joint levels to be injected in 1 session. Based on the clinical information received, the request is non-certified.

Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. The Official Disability Guidelines state that facet joint injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. As per the clinical notes submitted, the patient's physical examination does reveal signs and symptoms of lumbar radiculopathy. The patient does maintain a diagnosis of thoracic or lumbosacral neuritis or radiculitis, which reportedly was confirmed on an EMG study. Based on the clinical information received, the request is non-certified.

Internal medicine clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, an internal medicine specialist and

psychological evaluation were requested to determine if the patient was stable and emotionally secure to undergo a facet joint rhizotomy. As the patient's requested procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

Psychological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 100-101.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, an internal medicine specialist and psychological evaluation were requested to determine if the patient was stable and emotionally secure to undergo a facet joint rhizotomy. As the patient's requested procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

Second diagnostic lumbar ESI at disc levels L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than 2 nerve root levels should be injected using transforaminal blocks; no more than 1 interlaminar level should be injected at 1 session. As per the clinical notes submitted, the patient has previously undergone epidural steroid injections. Documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided. Furthermore, the current request for epidural steroid injections at L2-3, L3-4, L4-5 and L5-S1 is in excess of guideline recommendations. Based on the clinical information received, the request is non-certified.