

Case Number:	CM13-0055928		
Date Assigned:	12/30/2013	Date of Injury:	11/04/1998
Decision Date:	03/27/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 74-year-old female that reported an injury on 11/04/1998. No mechanism of injury was noted in the medical records. On the progress note dated 08/06/2013 the patient complained of pain to her low back and of cervical radicular pain. The patient complained of neck pain that radiated into her hands, her first and second digits more on the right than the left. On the physical exam she had a positive Spurling's text and had noted lumbar facet tenderness and positive lumbar facet loading maneuver. The MRI of lumbar without contrast dated 03/21/2013 noted moderate facet hypertrophy on the right at L5-S1 and bilaterally at L4-5 with some ligamentous hypertrophy at L4-5 with slight narrowing of the canal in the anterior and posterior dimension at L4-5 but no definite nerve root compression. No current list of medication, surgeries, or therapies were including in the medical records

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for series of 3 Cervical Epidural Steroid Injections at C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS9792.23.5.

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

Decision rationale: The request for the Series of three cervical epidural steroid injections at C6-7 is not certified. The patient has ongoing chronic pain that radiates to her hands with pain noted with pain to the first and second. The Chronic Pain Medical Treatment Guidelines states that epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. And there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Furthermore, guidelines do not recommended "series of three" epidural steroid injections. Therefore the request is non-certified.

The request for Lumbar Radiofrequency Ablation at L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for lumbar radiofrequency ablation at L3-S1 is non-certified. The patient noted low back pain is long term and chronic with MRI results showing moderate facet hypertrophy on the right at L5-S1 and bilaterally at L4-5 with some ligamentous hypertrophy at L4-5 with slight narrowing of the canal in the anterior and posterior dimension at L4-5 but no definite nerve root compression. The ACOEM states there is not good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The patient's medical record does not show a history of this type of diagnostic blocks. Therefore, the request for the Lumbar Radiofrequency Ablation at L3-S1 is non-certified.