

<b>Case Number:</b>	CM13-0067562		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Pain Medicine, 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 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:

The injured worker is a 43-year-old female who reported an injury on 1/12/11 after a trip and fall. The injured worker injured her left shoulder, neck, and back. The injured worker failed to respond to conservative treatment and ultimately underwent left shoulder surgery followed by postoperative physical therapy. The injured worker's treatment history has also included medications and chiropractic care. The injured worker was evaluated on 8/19/13. It was documented that the injured worker had significantly reduced left shoulder range of motion with moderate tenderness over the greater tuberosity and mild tenderness over the biceps tendons. It was also noted that the injured worker had a positive impingement sign, positive subacromial crepitus, and positive acromioclavicular joint tenderness. Evaluation of the cervical spine documented tenderness over the cervical spinous process. No evaluation of the lumbar spine was provided during that visit. The injured worker's treatment plan included surgical intervention of the left shoulder. A request was made for a bilateral L4 through S1 facet rhizotomy/neurolysis and a second bilateral lumbar epidural steroid trans-facet C5-6 injection. There was no justification provided for the request

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIBLATERAL L4-S1 FACET RHIZOTOMY/NEUROLYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The ACOEM recommends radiofrequency ablation for injured workers who have had an appropriate response to medial branch blocks. The clinical documentation submitted for review does not provide any evidence of a history of medial branch blocks to support the appropriateness of the requested intervention. There is no recent evaluation of the lumbar spine by the requesting physician to support the need for a facet rhizotomy. As such, the requested bilateral L4 through S1 facet rhizotomy/neurolysis is not medically necessary or appropriate.

**A 2ND BILATERAL ESI TRANSFACET C5-6:** Upheld

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

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

**Decision rationale:** The California MTUS recommends that repeat injections be based on documentation of functional benefit, pain relief of at least 50%, and duration of pain relief of at least 6-8 weeks. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone an initial epidural steroid injection at the C5-6 level. Additionally, the most recent clinical evaluation provided for review documented did not support radiculopathy in the C5 and C6 dermatomes. Therefore, the need for a second epidural steroid injection is not clearly indicated. As such, the requested second bilateral epidural steroid injection transfacet C5-6 is not medically necessary or appropriate.