

<b>Case Number:</b>	CM13-0070397		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Occupational Medicine 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 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 patient is a 65-year-old female who was injured on 08/15/2012. The patient injured her neck and back while pushing a shower chair. The patient states that she was fixing and off balanced shower chair at work when she tripped over the chair and fell. The patient fell backwards hitting her head on the floor causing her to blackout and experience dizziness. The treatment history included medication, physiotherapy, chiropractic, and acupuncture treatment. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine dated 09/22/2012 with L1-2 disc desiccation, L2-3 disc desiccation, 1-2 mm bilateral paracentral disc bulge with partial narrowing of the thecal sac. L3-4 disc desiccation, 1-2 mm diffuse posterior disc bulge and partial narrowing of the neural foramina with moderate facet arthropathy bilaterally. At L4-5 disc desiccation, diminished disc height. 2-3 mm diffuse posterior disc bulge causing partial narrowing of the thecal sac as well as spinal canal. Moderate facet arthropathy. Hypertrophy of the ligamentum flavum contributing to the subarticular recess narrowing bilaterally. The disc is partial abutting the exiting nerve roots in the proximal portion. L5-S1 has 1 mm diffuse posterior disc bulge with partial narrowing of the thecal sac. Bilateral facet arthropathy and 1-2 mm bilateral hypertrophy of the ligamentum flavum. Progress note dated 12/04/2013 documented the patient to have no complaints of pain in her neck. She complains of constant pain in her lower back traveling to her bilateral lower extremities which she describes as aching, throbbing and sharp. She rates her pain as 6-8/10. Objective findings on exam included examination of the lumbar spine with Kemp's test/Facet and Heel Walk (L5) positive on both sides. Bechterew's test, Valsalva and Toe Walk (S1) are negative on both sides. Extradural involvement/sciatic tension is positive bilaterally. Straight leg raise test for pain along the sciatic distribution likely caused by a herniated disc is positive bilaterally. Reflexes for the knees are normal bilaterally. Reflexes for the ankles are diminished bilaterally. The patient has no loss of

sensibility, abnormal sensation or pain in the medial hip anterior upper thigh. There is active movement against gravity with full resistance. At levels, L3-L4, L4-L5 and L5-S1, palpation reveals moderate paraspinal tenderness bilaterally. At levels, L3-L4, L4-L5 and L5-S1, palpation reveals moderate spinal tenderness. At Levels, L3-L4, L4-L5 and L5-S1, palpation reveals moderate tenderness at the facet joints bilaterally. Palpation reveals moderate tenderness at the S1 bilaterally. Palpation reveals moderate tenderness at the sciatic nerve bilaterally. Specific treatment recommendations: Recommend the patient undergo her first lumbar epidural steroid injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PAIN MANAGEMENT CONSULTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** Per CA MTUS, there is no quality literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provide good relief of pain. Lumbar facet neurotomies reportedly produce mixed results. Furthermore, the patient has had prior facet blocks which only provided relief for 2-4 days, with no change in medication use or overall functional improvement. Medical necessity has not been established. Therefore, radiofrequency neurotomy of lumbar facets is non-certified.