

Case Number:	CM14-0002484		
Date Assigned:	01/24/2014	Date of Injury:	11/13/1998
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 59-year-old female with date of injury of 11/13/1998. The listed diagnoses per the provider dated 12/09/2013 are: 1. Bilateral lumbar radiculopathy 2. Left cervical radiculopathy with weakness 3. L3-S 1 Mild lateral recess stenosis 4. L4-L5 annular tear 5. Facet arthropathy L2-S 1 6. C4-C7 degenerative disc disease and facet arthropathy 7. C5-C7 Mild central canal stenosis - 8. L4-L5 Anterolisthesis According to the report, the patient has ongoing neck pain radiating into the left shoulder and down the arm to the hand, rated a 7-8 on the visual analog scale (VAS) scale. She has ongoing low back pain radiating into the buttocks and down the posterior thighs to the shins and ankles, rated a 7 to 8 on the VAS scale. The physical exam shows there is no gross deformity in the cervical spine. There is no appreciable swelling or gross atrophy of the paracervical muscles. The cervical lordosis is well maintained. There is no evidence of tilt or torticollis. The patient walks with a normal gait and has a normal heel-toe swing-through gait, with no evidence of limp. There is no evidence of weakness walking on the toes or the heels. The MRI (magnetic resonance imaging) of the cervical spine dated 10/04/2013 shows a 2mm posterior endplate osteophyte at C5-C6 with moderately significant narrowing of the left neural foramen. In addition, there is a 2.5mm posterior endplate osteophyte at C6-C7 with marked narrowing on the left neural foramen. The MRI of the lumbar spine dated 01/13/2012 shows mild posterior endplate ridging and annular bulges at L2-3, L3-4, L4-5 and L5-S1. The utilization review denied the request on 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

. L4-4 AND L4-5 FACET BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Facet joint signs & symptoms.

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

Decision rationale: This patient presents with chronic neck and back pain. The treating provider is requesting an L3-4 and L4-5 facet block. The ACOEM guidelines state, "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." In addition, the Official Disability Guidelines (ODG) criteria on facet diagnostic evaluations include: tenderness over the paravertebral area; normal sensory examination; absence of radicular findings; and normal straight leg raise exam. The report dated 08/07/2012 referenced the x-ray of the lumbar spine dated 11/22/2011 that showed degenerative changes of the intra-articular facets extending from L3-S1 with L4-L5 disc space narrowing. The progress report dated 09/16/2013 shows palpable tenderness of the lumbosacral junction and sacroiliac joints with a negative straight leg raises. The review of reports do not show any previous facet blocks. In this case, the patient has non-radiating low back pain with paravertebral tenderness. Evaluation of the facet joints would appear to be reasonable and consistent with the ODG Guidelines. Thus, the recommendation is for authorization.

C5-6 AND C6-7 ESI: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: This patient presents with chronic neck and back pain. The treating provider is requesting C5-6 and C6-7 ESI. The MTUS states that epidural Steroid Injections are recommended as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In addition, no more than two nerve root levels should be injected using transforaminal blocks and repeat injections should be based on at least 50% pain relief for 6-8 weeks. The progress report dated 09/13/2012 documents, "the patient has undergone cervical and lumbar epidural injections in the past but did not note any significant benefit with these injections. She also had a significantly elevation in her blood sugars and her primary care physician recommended that she not undergo any further epidural injections because of their effect on her diabetes." In this case, the patient's previous cervical epidural steroid injection (CESI) did not result in any significant pain relief. There is lack of documentation of clear radiculopathy based on MRI and examination findings. The recommendation is for denial.

