

Case Number:	CM14-0009678		
Date Assigned:	02/14/2014	Date of Injury:	08/03/2009
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 & 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:

The patient is a 63-year-old male with date of injury of 08/03/2008. The listed diagnoses per [REDACTED] dated 12/23/2013 are: 1. Right shoulder rotator cuff tear, status post rotator cuff tear. 2. Left shoulder AC joint separation. 3. Cervical strain. 4. Cervical disk degeneration. 5. Right long finger MCP degenerative joint disease. 6. Right knee patellofemoral degenerative joint disease. 7. L4-S1 disk degeneration. 8. Intermittent lumbar radiculopathy. 9. Grade 2 spondylolisthesis, L5-S1. According to the report, the patient complains of continuous low back pain which varies in intensity. His pain is in the beltline region extending to the hips, buttocks, and down the thighs and occasionally to his feet. The patient has a dull aching pain, burning sensation, throbbing, popping, and stiffness. He feels his legs will give out. He also reports excruciating pain when sneezing or coughing. The patient has increased pain with sitting or standing more than 5 minutes as well as difficulty when lying down flat on his back. He also states that medications and activity modification brings him relief. He rates his pain 4/10 at rest which increases to 9/10 with activity. The patient has a pacemaker. The physical examination of the lumbar spine shows the patient walks with a normal gait and has a normal heel to toe, swing-through gait with no evidence of limp. There is no evidence of weakness with walking on the toes or the heels. There are no gross deformities, scoliosis, swelling, or atrophy. There is probable tenderness of the lower lumbar spine. The utilization review denied the request on 01/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT MYELOGRAM OF LUMBAR SPINE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CT-MYELOGRAM, L-SPINE ODG-TWC GUIDELINES HAS THE FOLLOWING REGARDING CT-MYELOGRAMS:

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a CT myelogram of the lumbar spine. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines on CT myelograms states, "not recommended except for selected indications below when MRI imaging cannot be performed, or in addition to MRI. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving." It appears that the treater is requesting a CT myelogram in lieu of an MRI due to the patient's pacemaker. Furthermore, the treater wants to "evaluate the degree of stenosis as well as to evaluate the grade II spondylolisthesis at L5-S1." Although the patient has primarily low back pain, the patient also has some radicular symptoms for which an MRI or CT may be indicated. Recommendation is for authorization.

PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a pain management consultation. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex or when psychosocial factors are present or when plan or course of care may benefit from additional expertise. The requesting report dated 12/23/2013 notes, "request authorization for pain management consultation and facet blocks at L4-L5 and L5-S1 with RFA if diagnostic." The utilization review denied the request on 01/15/2014 stating "as the referral is for facet blocks, and possible RFA, but there is no clear indication of facet-mediated pain, the request for pain management consultation is noncertified." This patient presents with chronic low back pain. An evaluation by pain management should be allowed not only for consideration of facet

evaluation but for discussion regarding injections and pain. Recommendation is for authorization.

FACET BLOCKS AT L4-L5 WITH RFA IF DIAGNOSTIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 300

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG ON FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS)

Decision rationale: This patient presents with chronic low back pain. The treater is requesting facet blocks at L4-L5 with RFA if diagnostic. The ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The ODG Guidelines on RF ablation of the lumbar spine states, "Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case to case basis. Studies have not demonstrated improved function." The report dated 12/23/2013 notes, "He points to the belt line region extending to the hips, buttocks, down the thighs, and occasionally to his feet. The patient has dull aching pain, burning sensation, throbbing, popping, and stiffness." In this case, the patient is being referred to pain management for facet evaluation. Current report does not include paravertebral facet joint tenderness on exam. The patient also has some radicular symptoms for which CT scan being ordered. It is premature to consider facet injections. Recommendation is for denial.

FACET BLOCKS AT L5-S1 WITH RFA IF DIAGNOSTIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 300

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG ON FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS)

Decision rationale: This patient presents with chronic low back pain. The treater is requesting facet blocks at L4-L5 with RFA if diagnostic. The ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The ODG Guidelines on RF ablation of the lumbar spine states, "Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case to case basis. Studies have not demonstrated improved function." The report dated 12/23/2013 notes, "He points to the belt line region

extending to the hips, buttocks, down the thighs, and occasionally to his feet. The patient has dull aching pain, burning sensation, throbbing, popping, and stiffness." In this case, the patient is being referred to pain management for facet evaluation. Current report does not include paravertebral facet joint tenderness on exam. The patient also has some radicular symptoms for which CT scan being ordered. It is premature to consider facet injections. Recommendation is for denial.