

<b>Case Number:</b>	CM14-0047331		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 59 year old female with a date of injury on 10/16/2012. Diagnoses include lumbar radiculopathy, sacroiliac (SI) joint dysfunction, lumbar facet syndrome, cervical disc degeneration, cervical facet syndrome, and cervicogenic headaches. Subjective complaints are of right leg pain. Patient also complains of neck pain that has recently increased. Physical exam shows bilateral paracervical tenderness and positive Spurling's maneuver, but does not cause radicular pain. Lumbar exam shows bilateral paraspinal tenderness, positive right straight leg raise test, and decreased sensation in the L5-S1 distribution, and weakness in L5-S1. Lumbar MRI from 2/17/12 showed moderate stenosis due to disc herniation at L4-5 and severe stenosis at L5-S1. Patient had prior epidural steroid injection on 11/21/13 with 50% reduction in pain for over 8 weeks. Medications include Norco, Soma, and Orphenadrine. Electrodiagnostic studies were normal of the upper and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right lumbar transforaminal Epidural Steroid Injection at Lumbar 4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines ESI (Epidural Steroid Injection) Page(s): 46.

**Decision rationale:** CA MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Furthermore the American Academy of Neurology concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient there are not objective signs of nerve root involvement of the requested level (L4-5) on physical exam. Therefore, the request of right lumbar transforaminal Epidural Steroid Injection at Lumbar 4-5 is not medically necessary and appropriate.

**Spine Surgeon consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, PAGE 127 Official Disability Guidelines (ODG) PAIN, OFFICE VISITS.

**Decision rationale:** ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, repeat epidural steroid injections have been certified, therefore non-surgical management options have not been exhausted. Therefore, the request of spine surgeon consultation is not medically necessary and appropriate.

**Bilateral Cervical Medial Branch block at cervical 5-6, and cervical 6-7:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines- Cervical Facet blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Facet Joint Injections.

**Decision rationale:** CA MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. The ODG states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels.

Treatment requires a diagnosis of facet joint pain. Criteria for diagnostic blocks include: One set of diagnostic medical branch blocks is required with a response of 70%. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels are injected in one session. For this patient, submitted documentation indicates pain that is not radicular and has findings consistent with facet pain. Patient also has not responded to conservative treatment. Therefore, the Bilateral Cervical Medial Branch block at Cervical 5-6 and Cervical 6-7 is medically necessary and appropriate.

**Possible Cervical RFA (Radiofrequency Ablation):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines-radio frequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, FACET JOINT NEUROTOMY.

**Decision rationale:** The ODG states that criteria for radiofrequency neurotomy requires a diagnosis of facet joint pain, and approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in visual analog scale (VAS) score, and documented improvement in function. The ODG also states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. For this patient, diagnostic facet injections were recommended. To proceed to radiofrequency neurotomy, evidence needs to be present of successful prior blockade, which is currently not documented for this patient. Therefore, the request of possible Cervical RFA (Radiofrequency Ablation) is not medically necessary and appropriate.