

<b>Case Number:</b>	CM14-0181268		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	07/31/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Orthopedic Surgery 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 58 year old female with reported industrial injury of 4/20/10. Records demonstrate that patient has been treated with anti-inflammatories, orthotics and ankle brace. Examination demonstrates antalgic gait with clinical tenderness with difficulty in heel rising. Examination is March 28, 2014 demonstrates pain and tenderness of the cervical spine with pain and tenderness of the thoracic spine and pain and tenderness in the right ankle. Examination of 4/14/2014 demonstrates complaints of right foot pain. Patient examination discloses right foot and ankle tenderness with normal range of motion. Radiographs of the right foot are sent to reveal osteoarticular abnormality. Complaint is made of neck and back pain. Exam demonstrates an antalgic gait with tenderness in the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal ESI at the bilateral L5-S1:** Upheld

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

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes from 4/14/14 cited do not demonstrate a failure of conservative management or a clear evidence of a dermatomal distribution of radiculopathy. Therefore, the request is not medically necessary.

**Interlaminar ESI at the C5-6, C6-C7: Upheld**

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

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

**Decision rationale:** According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case the exam notes from 4/14/14 do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition there is lack of evidence of failure of conservative care. Therefore, the request is not medically necessary.

**Facet Blocks at the L4-L5, Facet Blocks at the C4-5, C5-6,C6-7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency neurotomy

**Decision rationale:** CA MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper Back Complaints, pages 174 state there is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited. Caution is needed due to the scarcity of high-quality studies. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic

blocks. In this case the exam notes from 4/14/14 does not demonstrate prior response to medial branch blocks. Therefore the determination is for non-certification. CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 4/14/14 demonstrating this formal plan has been contemplated or initiated. Therefore, the request is not medically necessary.

**Calcaneal Osteotomy, Xfer of FDL Gastroc Recession, and possible cuneriform osteotomy:**  
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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Adult Acquired Flatfoot deformity

**Decision rationale:** CA MTUS is silent on the issue of adult acquired flatfoot deformity. Per ODG, Ankle section, adult acquired flatfoot (pes planus) surgical treatment is indicated when conservative treatment has failed for at least 6-8 weeks. In this case there is lack of demonstration of conservative treatment as well as the stage of acquired flatfoot deformity. Therefore, the request is not medically necessary.

**Two day inpatient hospital stay:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-operative clearance to include H&P/Labs/CMP/CBC/UA/CXR/EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.