

Case Number:	CM14-0198121		
Date Assigned:	12/08/2014	Date of Injury:	02/02/2012
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Spine Surgery, and is licensed to practice in Texas. 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 injured worker is a 70-year-old female who reported an injury on 02/02/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post right shoulder arthroscopy, enthesopathy not otherwise specified, rotator cuff syndrome of the shoulder, cervicgia, and pain in the joint of the shoulder. Medical treatment consisted of nerve block injections, physical therapy for the back, home exercise program, and use of a transcutaneous electrical nerve stimulation (TENS) unit, heat therapy, ice therapy, acupuncture, and medication therapy. Medications consist of Norco 10/325 mg, Crestor 10 mg, and Lorazepam 1 mg. On 04/21/2008, the injured worker underwent an MRI of the lumbar spine without contrast which revealed diffuse annular bulge with left parasagittal disc protrusion at L4-5 level causing narrowing of the left lateral recess without evidence of displacement or impingement in the descending left L5 nerve root; mild bilateral intervertebral neural foraminal narrowing. At the L5-S1 level, there was a central disc protrusion and diffuse annular bulge with a left lateral component; normal central canal; severe left intervertebral neural foraminal narrowing; mild right intervertebral neural foraminal narrowing; moderate facet arthrosis, and ligamentous hypertrophy. An MRI of the cervical spine was done on 10/18/2010, which revealed a 3 to 4 mm central and left paracentral disc osteophyte complex deforming the ventral aspect of the cord and slightly compressing the left side of the cord. However, the cerebrospinal fluid (CSF) around the cord was preserved; mild right sided foraminal narrowing at this level; AP diameter of the core was 9 mm at this level. On 11/20/2014, the injured worker complained of low back pain radiating down the left leg with numbness over the thigh. She rated the pain at 7/10; without medications, a 4/10. There was no physical examination done on 11/20/2014. There was no evidence of range of motion, muscle strength, or sensory deficits, or special testing. The treatment plan was for the injured worker to undergo radiofrequency rhizotomy and

epidural steroid injections. A rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 radiofrequency rhizotomy: Upheld

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

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

Decision rationale: The request for bilateral L4-L5 and L5-S1 radiofrequency rhizotomy is not medically necessary. According to the California MTUS/ACOEM Guidelines, there is good quality medical literature demonstrating that radiofrequency rhizotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet rhizotomy reportedly produces mixed results. Caution is needed due to scarcity of high quality studies. The documentation indicated that the injured worker underwent an MRI of the lumbar spine which revealed at the level of L4-5 a diffuse annular bulge with left parasagittal disc protrusion, causing narrowing of the left lateral recess without evidence of displacement or impingement. At the level of L5-S1, there was a central disc protrusion and diffuse annular bulge with a left lateral component and a normal central canal. Severe left intervertebral neural foraminal narrowing was noted. It was also indicated that the injured worker has undergone physical therapy, exercise, the use of a TENS unit, heat therapy, ice therapy, and acupuncture. However, on physical examination, there were no objective physical findings indicating deficits in range of motion, motor strength, sensation, and pain levels to the injured worker's lumbar spine. Furthermore, the submitted request did not specify how many blocks the provider was requesting. Given the above, the injured worker is not within California MTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.

C5-C6 Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for C5-C6 epidural steroid injection is not medically necessary. The California MTUS Guidelines state ESIs are an option for the treatment of radicular pain. ESIs can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continued home exercise program. Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by

imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; injections should be performed using fluoroscopy; no more than 1 interlaminar level should be injected at 1 session; in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in pain medication use for 6 to 8 weeks. The progress note dated 11/20/2014 indicated the injured worker had neck pain. However, there was no documented diagnosis of radiculopathy, nor were there any imaging studies that could corroborate the diagnosis of radiculopathy. Furthermore, there were no objective physical findings documented in the report on range of motion, muscle strength, or sensation. Additionally, the request as submitted did not indicate that the injection would be performed using fluoroscopy for guidance. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.