

Case Number:	CM14-0199277		
Date Assigned:	12/09/2014	Date of Injury:	12/09/2013
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Pain Medicine 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 injured worker is a 52-year-old female who reported an injury on 12/09/2013. The mechanism of injury was reportedly due to culminating use of a gun belt. Her diagnoses were noted to include lumbar spine, disc bulge with bilateral L5 radiculopathy. Past treatments included an injection to the spine. On 10/27/2014, the injured worker was seen for a re-evaluation. She reported having continued significant pain to the low back along with spasms and radiating pain down the bilateral lower extremities. Physical examination of the lumbar spine revealed mild spasm about the lower lumbar region, mild paraspinal tenderness present, straight leg raise test positive bilaterally, decreased range of motion, motor strength 5/5, reflexes 2+, with decreased sensation to the dorsal aspect of the bilateral feet. Current medications were not listed. The treatment plan included authorization for radiofrequency ablation at levels L4-5 and L5-S1, authorization for surgical consult on the lumbar spine, and authorization for physical therapy 3 times a week for 4 weeks for the low back. A request was received for referral to pain management for radiofrequency ablation, and a retrospective request for Celestone injection given 3mg/MI to lumbar spine on 9/29/14. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management for Radio Frequency Ablation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Referral, Chronic Pain, Introduction Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The request for referral to pain management for radio frequency ablation is not medically necessary. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. Per American College of Occupational and Environmental Medicine guidelines, Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. As, there was no documentation of a completed diagnostic block, there was no indication of a positive response from a diagnostic block including 70% relief. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Clinical notes indicate that upon examination of the injured worker, there was mild spasm about the right lower lumbar region, mild paraspinal tenderness, and straight leg raise test was negative bilaterally. However, there was no documentation of sensory examination. In the absence of a complete examination and documented evidence of a diagnostic block, the request is not supported. The request as submitted failed to include the level for the requested injection. Therefore, the request for an office visit and a radiofrequency ablation is not medically necessary.

Retro Celestone Injection Given 3mg/ML to Lumbar Spine on 9/29/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM APCI I plus 2004

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The request for retro Celestone injection given 3mg/ML to lumbar spine on 9/29/14 is not medically necessary. Official Disability Guidelines indicate the use of corticosteroid injections may be appropriate with evidence of signs and symptoms of radiculopathy and the treatment should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Clinical notes indicate the injured worker was complained of low back pain with severe shooting pain down the bilateral lower extremities. In addition, clinical notes indicate the examination before 09/29/2014, the patient was not

symptom-free with subsequent exacerbation and there was no evidence of a new injury. There was a lack of documentation of objective findings of radiculopathy including myotomal and dermatomal findings. As the criteria for a corticosteroid injection, were not met, the request is not supported. In addition, the request as submitted did not provide a level at which the injection was given. Therefore, the request is not medically necessary.