

Case Number:	CM14-0047034		
Date Assigned:	07/02/2014	Date of Injury:	06/24/2012
Decision Date:	04/09/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 27-year-old female with a date of injury of 6/24/2012. The mechanism of injury was from picking up trash bags weighing 30-45 pounds. She complained of pain in her feet, back and arm while throwing the trash bags into a dumpster. This has progressed into a chronic pain syndrome involving cervical radiculopathy, right shoulder pain, and lumbar radiculopathy with radicular pain in the upper and lower extremities. Pain levels are reported to be 6-7/10 in the neck and 6-7/10 in the low back. The right shoulder pain is reported to be 8-9/10. Diagnostic studies have not been included with the documentation submitted but according to the notes, MRI scans of the cervical and lumbar spine and right shoulder were performed in the year 2013. The cervical MRI showed degenerative disc disease at C5-6. The lumbar MRI showed multilevel protrusions and bony hypertrophy of facet joints and moderate decrease in the anteroposterior diameter of the lumbosacral canal. The shoulder MRI reportedly showed evidence of impingement and a rotator cuff tear. However, it is not known if this was a partial-thickness tear or a full-thickness tear. Detailed physical examinations or results of diagnostic testing have not been submitted. Recent examinations are not available. Treatment to date has included medications, rest, massage, acupuncture, traction, ultrasound, exercise, a TENS unit, injections in the neck and low back, and chiropractic manipulation with myofascial release. Response to treatment has not been provided. Treatment requested is for caudal epidural decompression neuroplasty at L5-S1 x 1 with local anesthetics, steroids, Wydase (Hyaluronidase) and associated drugs, facet injections at bilateral L4-5, L5-S1 x 1, and myoneural injections. The response to prior treatment and the rationale for the requested

treatment are not provided. Utilization Review non-certified the request for caudal epidural decompression neuroplasty at L5-S1 x 1 with local anesthetics, steroids, Wydase and associated drugs. The request for bilateral facet injections at L4-5, L5-S1 x 1 was also non-certified. The request for myoneural injections was non-certified; however, the UR decision and rationale are not submitted. There is a UR decision of 3/14/2014 pertaining to compounded topical analgesics, which were also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL DECOMPRESSION NEUROPLASTY AT L5-S1 x1 WITH LOCAL ANESTHETICS, STEROIDS, WDASE AND ASSOCIATED DRUGS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Epidural neuroplasty.

Decision rationale: The medical records indicate the combination of Marcaine, Kenalog, saline, and Wydase (hyaluronidase) to perform caudal epidural neuroplasty at L5-S1. ODG guidelines do not recommend epidural neuroplasty. The procedure is regarded as investigational at this time. There is lack of sufficient literature evidence of risk versus benefit, conflicting literature, and research with regard to identification of the patient who is best served by this intervention remains largely uninvestigated. Adverse reactions are reported. As such, the request for epidural neuroplasty is not supported and the medical necessity of the request has not been substantiated.

FACET INJECTIONS AT BILATERAL L4-5, L5-S1 x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: ODG criteria for facet joint intra-articular injections (therapeutic blocks) include no more than 1 therapeutic intra-articular block is recommended, there should be no evidence of radicular pain, spinal stenosis, or previous fusion, if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. No more than 2 joint levels may be blocked at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet injection therapy. The documentation provided indicates the presence of radicular pain. The MRI scan was reported to show a decrease in the anteroposterior diameter of the lumbosacral

canal. Bilateral blocks at 2 levels are requested. As such, the guideline criteria have not been met, and the request for facet joint injections are not supported and the medical necessity has not been substantiated.

MYONEURAL INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The California MTUS chronic pain criteria for the use of trigger point injections include all of the following: 1. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2. Symptoms have persisted for more than 3 months; 3. Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; 4. Radiculopathy is not present by examination, imaging, or neuro testing; 5. Not more than 3-4 injections per session; 6. No repeat injections unless a greater than 50% relief is obtained for 6 weeks and there is documented evidence of functional improvement; 7. Frequency should not be at an interval less than 2 months; 8. Trigger point injections with any substance other than local anesthetic with or without steroids are not recommended. In this case, there is a history of radicular pain and radiculopathy. The documentation does not include evidence of a twitch response in a circumscribed trigger point as well as referred pain. As such, the request for myoneural injections is not supported and the medical necessity of the request has not been substantiated.