

Case Number:	CM15-0002015		
Date Assigned:	01/13/2015	Date of Injury:	07/10/2013
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who reported an injury on 07/10/2013. The mechanism of injury involved a fall. The current diagnoses include cervical degenerative disc disease with intractable neck pain, lumbar degenerative disc disease with intractable low back pain, bilateral lower extremity radiculopathy, paraspinous muscle spasm, depression, situational stress, and insomnia. The injured worker has been previously treated with cervical facet injections, lumbar epidural steroid injection, medication management, and physical therapy. The injured worker presented on 11/12/2014 with reports of 45% improvement following the epidural steroid injection. Upon examination, the injured worker was neatly groomed, with good eye contact and a depressed affect. A comprehensive physical examination of the cervical and lumbar spine was not provided. Recommendations included a radiofrequency ablation at C4-7 bilaterally, a lumbar epidural steroid injection at L4-5 bilaterally, and a surgical consultation for the shoulder and back. The injured worker was also instructed to continue with the medication regimen of methocarbamol 750 mg, ibuprofen 800 mg, trazodone 100 mg, and Ambien 5 mg. A Request for Authorization form was then submitted on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural for Levels L4-5 Bilateral: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no imaging studies provided for this review. There was no objective evidence of lumbar radiculopathy. Additionally, it was noted that the injured worker has been previously treated with lumbar epidural steroid injections in the past. However, there was no documentation of significant objective functional improvement. Given the above, the request is not medically appropriate at this time.

Bilateral Radiofrequency Rhizotomy Levels C4-5, C5-6 and C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is limited evidence that radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. According to the Official Disability Guidelines, a facet joint radiofrequency neurotomy is recommended where there is a diagnosis of facet joint pain. While it is noted that the injured worker has been previously treated with cervical facet joint injections, there is no documentation of facet mediated pain upon examination. The medical necessity has not been established in this case. Additionally, the Official Disability Guidelines recommend a formal plan of rehabilitation in addition to facet joint therapy. Given the above, the request is not medically appropriate in this case.