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| Case Number: | CM15-0103075 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 04/13/2009 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/28/2015 |

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male with an industrial injury dated 04/13/2009. His diagnoses included cervical myoligamentous injury with right upper extremity radicular pain, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, reactionary depression and anxiety and medication induced gastritis. He presented on 04/28/2015 with complaints of increased neck pain with associated cervicogenic headaches. The provider documents the pain is facet generated and the injured worker had undergone a very successful cervical facet ablation on 05/01/2014 which provided six months of benefit. The injured worker's low back pain continued but was much improved following lumbar epidural steroid injection at lumbar 5-sacral 1 on 01/20/2015. He was still receiving 60% benefit to his lower back as well as radicular symptoms in his lower extremity with notable improvement in mobility and activity tolerance. He rated his pain as 5 on the scale of 0-10. He remained on his oral analgesic medications which included Norco, Ultracet, Neurontin and Anaprox DS. He was also receiving Prilosec for medication induced gastritis symptoms. Physical exam noted tenderness of the cervical spine with increased muscle rigidity along the cervical paraspinal muscles. Range of motion was decreased. Sensory examination was decreased along the posterolateral arm and lateral forearm on the right in the approximate cervical 5-6 distribution. There were trigger points and tenderness to palpation on exam of the lumbar spine. The provider documents cervical spine MRI showing disc protrusion, lumbar spine showed disc protrusion and EMG study of the lower extremities revealed findings of nerve root irritation at right lumbar 5 and right sacral 1 nerve root. The treatment plan included a request for authorization to proceed with Lumbar and

Cervical radiography, medications and to continue individual cognitive behavioral psychotherapy sessions. The requested treatments are listed as Facet joint radiofrequency at bilateral C3, C4 and C5 and Facet joint radiofrequency at bilateral C3, C4 and C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint radiofrequency at bilateral C3, C4 and C5: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, and Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Facet Procedures.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications, exercise and PT have failed. The guidelines recommend that interventional procedures can be repeated when there is documentation of sustained significant pain relief with functional restoration following a previous procedure. The records indicate that the patient reported significant pain relief with functional restoration following cervical facet radiofrequency ablation that was completed in 2014. There was sustained pain relief of more than 6 months duration. There is documentation that current conservative management is no longer effective. The criteria for bilateral C3, C4 and C5 facet radiofrequency ablation was met. The guidelines noted that a maximum number of 3 levels be completed at each setting indicating that the requested procedures should be completed in 2 settings. Therefore, the requested treatment is medically necessary.

Lumbar Proactive (Provocative) Discogram @ L2-3, L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Discogram.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of provocative discograms is not consistently associated with any diagnostic advantage over standard clinical examination, radiological and EMG/NCV studies. It is recommended that the provocative diagnostic discogram may be beneficial for preoperative determination of levels for spinal fusion when the MRI and EMG/NCV studies are inconclusive. The guidelines noted that there is a high incidence of false positive provocative discogram tests in patients with significant history of psychosomatic symptoms. The records did not show that the result of the requested lumbar discogram will be utilized in the surgical planning for lumbar fusion surgery. There are

conclusive MRI and EMG/NCV studies of the lumbar spine and lower extremities. The records noted significant history of anxiety disorder and depression that can be associated with increased sensitivity and decreased specificity of provocative discogram test. The criteria for Provocative Discogram at L2-L3, L3-L4, L4-L5, L5-S1 was not met. Therefore, the requested treatment is not medically necessary.