

Case Number:	CM15-0139233		
Date Assigned:	07/29/2015	Date of Injury:	11/18/2013
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male patient who sustained an industrial injury on 11/18/2013. The accident was described as a motor vehicle incident being hit in the rear end of the vehicle. A recent orthopedic follow up dated 06/12/2015 reported the patient with subjective complaint of cervical, lumbar, and left foot/leg pains. The pain radiates into the lower back, buttocks, leg, foot and toes. The following diagnoses were applied: status post motor vehicle accident; cervical strain with chronic pain; chronic low back pain with right sided L4-5, 6 disc herniation 12/16/2013 without clinical correlation; left lower extremity radicular symptoms with clinical evidence of sacroiliac strain; bilateral shoulder pain, right worse with clinical evidence of impingement; development of multiple myofascial pain syndrome with multiple tender points; headaches possible related to Ultracet but not Ultram; status post electric nerve conduction study for right worse than left S1 radiculopathy, 09/17/2014; status post deemed permanent and stationary, 13 % for lumbar spine, 0 % for cervical spine with positive apportionment. The plan of care noted recommending administration of a series of epidural injections, times three, lumbar. There is also recommendation to undergo radiofrequency ablation. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treatment for lumbar spine radiofrequency ablation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Criteria for the use of diagnostic blocks for facet "mediated" pain, Criteria for use of facet joint radiofrequency neurotomy.

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 - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: This patient presents with chronic low back pain that radiates into the buttocks, legs, feet and toes. The current request is for Pain management consult and treatment for lumbar spine radiofrequency ablation. Treatments to date have included LESI, medications, heat, ice, facet injection. The RFA is dated 06/24/15. The patient is TTD. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." MRI of the lumbar spine from 12/16/13 revealed at L4-5 a 6mm right sided disc protrusion with mild right foraminal stenosis and minimal left foraminal stenosis. According to progress report 06/12/15, the patient presents with lower back pain that radiates into the buttocks, legs, feet and toes. Examination revealed no gross muscle weakness, no gross deficits, tenderness at L5-S1 and limited motion. The treater requested a radiofrequency ablation as recommended by the AME, [REDACTED]. Review of AME report by [REDACTED] from 09/03/14, noted I believe that [REDACTED] is scheduled to receive an injection through pain management and that is reasonable given the large, 6mm disc. Review of medical records provided in report 03/30/15 noted that on 11/14/14 the patient had a facet injection from [REDACTED] with a positive response. Given patient's positive response, a RFA would appear to be indicated. However, ODG guidelines requires at least initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks to progress to a radiofrequency ablation. In this case, the treater does not specifically discuss the amount of pain relief or how long the pain relief lasted. Additionally, the patient presents with radiating pain down the legs to the feet and toes. Radiofrequency ablations are not recommended when radicular findings are present. This request IS NOT medically necessary.

3 right L4-L5 and lumbar epidural steroid injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter under Epidural steroid injections.

Decision rationale: This patient presents with chronic low back pain that radiates into the buttocks, leg, feet and toes. The current request is for 3 right L4-L5 and lumbar epidural steroid injections. Treatments to date have included LESI, medications, heat, ice, facet injection. The RFA is dated 06/24/15. The patient is TTD. MTUS page 46, 47 for Epidural Steroid Injections states recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 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 of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. MTUS further states, current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. ODG lumbar spine chapter has the following under Epidural steroid injections, series of three, it states not recommended. Original recommendations that suggested a series of three injections generally did so prior to the advent of fluoroscopic guidance. These previous recommendations were based primarily on case studies and anecdotal evidence (Class IV and V data). (Abram, 1999) (Warr, 1972) (Hickey, 1987) There does not appear to be any evidence to support the current common practice of a series of injections. According to progress, report 06/12/15, the patient presents with lower back pain that radiates into the buttocks, legs, feet and toes. Examination revealed no gross muscle weakness, no gross deficits, tenderness at L5-S1 and limited motion. The treater requested a LESI as the first two LESIs have been very beneficial so that we have requested the third injection which is on hold. Therefore, will re-request a lumbar epidural injection, but since it has been four months, we will request a series of three as per patient's request. MTUS and ODG guidelines do not support series of three epidural injections; therefore, this request IS NOT medically necessary.