

Case Number:	CM15-0193253		
Date Assigned:	10/07/2015	Date of Injury:	10/02/2001
Decision Date:	12/15/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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 67 year old female, who sustained an industrial injury on 10-2-01. The injured worker was diagnosed as having cervical degenerative disc disease; left and right shoulder internal derangement status post arthroscopies; bilateral carpal tunnel syndrome right greater than left; bilateral upper extremity radiculopathy; lumbar degenerative disc disease; left hip myoligamentous injury; greater trochanteric bursitis left; left lower extremity radiculopathy; reactionary depression-anxiety; medications-induced gastritis. Treatment to date has included cervical and lumbar rhizotomies; trigger point injections; medications. Diagnostics studies included CT scans cervical and lumbar spine (6-16-15). Currently, the PR-2 notes dated 9-1-15 indicated the injured worker returns to this office as a follow-up and re-evaluation. The injured worker was last seen in this office on 4-8-15. She complains mostly of neck pain with associated cervicogenic headaches, low back pain with left greater trochanteric bursitis and right knee pain. She reports her pain has burning and hypersensitivity in the medial aspect of the knee inferior and superior to the total joint arthroplasty. She reports she recently had a lumbar epidural steroid injection L5-S1 bilaterally on 3-19-15 with 75% pain relief to lower back and radicular symptoms to the lower extremities which have lasted about four to five months. The provider documents her low back pain is currently rated at 8 on a scale of 1-10. It was able to decrease down to a 5 for several months. She was notably more active with the last epidural injection. Prior to that, her lumbar epidural injections performed on 5-9-13 provided about eight months benefit. During the benefit of that epidural, the patient was able to cook and clean with less pain and take about 30% less pain medication for that body part. She reports cervical spine pain and getting more and more cervicogenic headaches which occasionally become migrainous. The provider documents she relates her neck pain and cervicogenic headaches as

7 on a scale of 1-10 in the past. She has received several facet rhizotomies providing about 70% pain relief lasting over 8 months. Her last rhizotomy was 3-28-13. She is requesting another cervical facet rhizotomy and today would like trigger point injections. The injured worker complains her right knee is painful in the medial aspect inferior to the knee to a less extent superiorly above the knee in the inferior aspect. The provider notes she has point tenderness and a Tinel's sign in the region of the genicular nerve. Her medications prescribed include Celebrex 200mg, Neurontin 300mg but wants to go back to using Topamax. She has to stop Cymbalta due to cognitive side-effects so the provider is prescribing Prozac. Also Valium and Doral are prescribed. The provider reviews multiple diagnostic studies including a Lumbar CT scan (6-17-15), cervical CT scan (6-16-15). On this date, the provider administered four trigger point injections. He is requesting diagnostic genicular nerve blocks on the right medial inferior and superior genicular nerve to treat her chronic knee pain from advanced osteoarthritis. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-23-15 and non-certification for a cervical facet rhizotomy bilateral C4, C5 and C6 and a diagnostic genicular nerve block right medial inferior nerve and superior genicular nerve. A request for authorization has been received for a cervical facet rhizotomy bilateral C4, C5 and C6 and a diagnostic genicular nerve block right medial inferior nerve and superior genicular nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet rhizotomy bilateral C4 qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

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, behavioral modifications, exercise and PT have failed. The guidelines noted that interventional pain procedures can be repeated with documentation of sustained significant pain relief following the previous injections. The records indicate subjective and objective findings consistent with the presence of exacerbation of the cervical pain syndrome. There is documentation of sustained pain relief following previous cervical facet injections and rhizotomies. The last set of procedures was completed in 2013. The cervical pain syndrome was noted to be currently non-radicular in nature. The criteria for cervical facet rhizotomy C4 qty 1 were met. Therefore the request is medically necessary.

Cervical facet rhizotomy bilateral C5 qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Facet Rhizotomy.

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, behavioral modifications, exercise and PT have failed. The guidelines noted that interventional pain procedures can be repeated with documentation of sustained significant pain relief following the previous injections. The records indicate subjective and objective findings consistent with the presence of exacerbation of the cervical pain syndrome. There is documentation of sustained pain relief following previous cervical facet injections and rhizotomies. The last set of procedures was completed in 2013. The cervical pain syndrome was noted to be currently non radicular in nature. The criteria for cervical facet rhizotomy C5 qty 1 were met. Therefore the request is medically necessary.

Cervical facet rhizotomy bilateral C6 qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Facet Rhizotomy.

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, behavioral modifications, exercise and PT have failed. The guidelines noted that interventional pain procedures can be repeated with documentation of sustained significant pain relief following the previous injections. The records indicate subjective and objective findings consistent with the presence of exacerbation of the cervical pain syndrome. There is documentation of sustained pain relief following previous cervical facet injections and rhizotomies. The last set of procedures was completed in 2013. The cervical pain syndrome was noted to be currently non radicular in nature. The criteria for cervical facet rhizotomy C6 qty 1 were met. Therefore the request is medically necessary.

Diagnostic genicular nerve block right medial inferior nerve qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the diagnosis and treatment of severe musculoskeletal pain when conservative treatment with medications and physical treatments have failed. The records indicate the objective findings of tenderness over the genicular nerves. There is no documentation of worsening of the condition or failure of conservative treatments. The criteria for Diagnostic genicular nerve block right medial inferior nerve qty 1 was not met. Therefore the request is not medically necessary.

Diagnostic genicular nerve block superior genicular nerve qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the diagnosis and treatment of severe musculoskeletal pain when conservative treatment with medications and physical treatments have failed. The records indicate the objective findings of tenderness over the genicular nerves. There is no documentation of worsening of the condition or failure of conservative treatments. The criteria for Diagnostic genicular nerve block right medial inferior nerve qty 1 were not met. Therefore the request is not medically necessary.