

Case Number:	CM15-0023985		
Date Assigned:	02/13/2015	Date of Injury:	11/15/1997
Decision Date:	04/09/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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 47-year-old female, who sustained an industrial injury on 11/15/97. She has reported back injury after a 116 pound police dog ran into her working as a canine handler. The diagnoses have included lumbar spinal stenosis, lumbar radiculopathy, left side sciatica, and status post left laminotomy and discectomy 2/9/98. Treatment to date has included medications, surgery, Epidural Steroid Injection (ESI), pain management and Home Exercise Program (HEP). Currently, the injured worker complains of low back pain with radiation of pain down the left lower extremity. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/23/12 revealed disc protrusion, bilateral facet degenerative changes, disc bulge, posterior spur, annular fissure and spinal stenosis. Physical exam revealed spasm in the left lower lumbar region and she complains of pain with motion. The Lasegue test was positive on the left. The range of motion in the lumbar spine was decreased. There was decreased sensation present in the dorsal aspect of the left foot. The injured worker had previously received Epidural Steroid Injection (ESI) without much benefit. Treatment plan was for pain management for ablation therapy of Epidural Steroid Injection (ESI), referral for possible surgical treatment of the lumbar spine and medications including Neurontin, Soma and MSIR. On 1/8/15 Utilization Review non-certified a request for Ablation therapy, Epidural steroid injection, and Lumbar spine surgical consult, noting the Official Disability Guidelines (ODG), Radiofrequency neurotomy, (MTUS) Medical Treatment Utilization Schedule chronic pain Criteria for the use of epidural steroid injections, and (ACOEM) Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ablation therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper back chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with unrated lower back pain which radiates into the left lower extremity. The patient's date of injury is 11/15/97. Patient is status post left L2-L3/L4-L5 laminectomy and discectomy on 02/09/98, and status post left L2-L3 selective nerve root block on 08/18/14. The request is for ABLATION THERAPY. The RFA was not provided. Physical examination dated 12/17/14 reveals tenderness to palpation of the lumbar paraspinal muscles, lumbar spasm, positive Lasegue's test left. Neurological examination of the lower extremities revealed decreased sensation in the dorsal left foot. The patient is currently prescribed Neurontin, Soma, and MSIR. Diagnostic imaging was not included, though QME dated 08/19/14 discusses lumbar MRI dated 05/23/12, significant findings include: "4mm left paracentral disc protrusion at L2-3, a 3mm posterior spur and bulge at L3-4, and a 3-4mm annular fissure at L4-5. Mild to moderate narrowing of the left side of the canal at L2-3. Severe disc space narrowing of L3-4." Patient is not currently working. ODG Neck and Upper back chapter, under Facet joint radiofrequency neurotomy states: "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. One randomized controlled trial was performed on patients with neck pain at the C3 to C7 level after a motor vehicle collision. There was a success rate of 75% with one or two treatments with a median time to return to a 50% preoperative level of pain of approximately 9 months." In regards to the request for what appears to be radiofrequency ablation at an unspecified level, treater has not provided specifics for the request or a level at which it is to be performed. Progress note treatment plan dated 12/17/14 states: "Pain management [consult] with Dr. Kim for ablation therapy of epidural steroid injection." It is unclear what the treater is intending, since radiofrequency ablation and epidural steroid injections are two separate procedures, and the RFA was not provided. Though the patient had a left sided lumbar nerve root block on 08/08/14 - which appears to have been a diagnostic block - there is no discussion of this procedure in the subsequent reports. Without a clearer picture of this patient's clinical history or the exact procedure to be performed, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with unrated lower back pain which radiates into the left lower extremity. The patient's date of injury is 11/15/97. Patient is status post left L2-L3/L4-L5 laminectomy and discectomy on 02/09/98, and status post left L2-L3 selective nerve root block on 08/18/14. The request is for EPIDURAL STEROID INJECTION. The RFA was not provided. Physical examination dated 12/17/14 reveals tenderness to palpation of the lumbar paraspinal muscles, lumbar spasm, positive Lasegue's test left. Neurological examination of the lower extremities revealed decreased sensation in the dorsal left foot. The patient is currently prescribed Neurontin, Soma, and MSIR. Diagnostic imaging was not included, though QME dated 08/19/14 discusses lumbar MRI dated 05/23/12, significant findings include: "4mm left paracentral disc protrusion at L2-3, a 3mm posterior spur and bulge at L3-4, and a 3-4mm annular fissure at L4-5. Mild to moderate narrowing of the left side of the canal at L2-3. Severe disc space narrowing of L3-4." Patient is not currently working. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In regards to the request for an unspecified lumbar ESI for the management of this patient's chronic lower back pain, treater has not provided specifics of the request or a level at which it is to be performed. Progress note dated 12/17/14 documents significant lumbar spine pain, which radiates into the lower extremities and a positive straight leg raise test. An MRI dated 05/23/12 also shows multilevel lumbar discopathy and canal stenosis. The only mention of lumbar ESI in the reports provided is treatment plan dated 12/17/14, which states: "Pain management [consult] with Dr. Kim for ablation therapy of epidural steroid injection." There is no further discussion of this procedure or indication of the targeted levels. Without a clearer rationale or location where this procedure to be performed, the medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.

Lumbar spine surgical consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with unrated lower back pain which radiates into the left lower extremity. The patient's date of injury is 11/15/97. Patient is status post left L2-L3/L4-L5 laminectomy and discectomy on 02/09/98, and status post left L2-L3 selective nerve root block on 08/18/14. The request is for LUMBAR SPINE SURGICAL CONSULT. The RFA was not provided. Physical examination dated 12/17/14 reveals tenderness to palpation of the lumbar

paraspinal muscles, lumbar spasm, positive Lasegue's test left. Neurological examination of the lower extremities revealed decreased sensation in the dorsal left foot. The patient is currently prescribed Neurontin, Soma, and MSIR. Diagnostic imaging was not included, though QME dated 08/19/14 discusses lumbar MRI dated 05/23/12, significant findings include: "4mm left paracentral disc protrusion at L2-3, a 3mm posterior spur and bulge at L3-4, and a 3-4mm annular fissure at L4-5. Mild to moderate narrowing of the left side of the canal at L2-3. Severe disc space narrowing of L3-4." Patient is not currently working. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 7, page 127 states: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In regards to the surgical consultation, the request appears reasonable. The patient suffers from intractable lower back pain with radiculopathy and imaging shows multilevel lumbar disc degeneration and stenosis. ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Therefore, the requested surgical consultation IS medically necessary.