

Case Number:	CM15-0086618		
Date Assigned:	05/08/2015	Date of Injury:	08/03/2009
Decision Date:	09/28/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 64 year old male who sustained an industrial injury on 08/03/2009. The mechanism of injury was not documented. The injured worker was diagnosed with cervical strain, cervical degenerative disc disease, right rotator cuff repair; left shoulder acromio-clavicular separation, right long finger metacarpophalangeal and right knee degenerative joint disease, lumbar radiculopathy, L4-S1 degenerative disc disease, Grade II spondylolisthesis at L5-S1. The injured worker is status post right shoulder arthroscopy with extensive debridement of the glenohumeral joint, biceps tenotomy, subacromial decompression subtotal acromiectomy to remove fractured anterior portion of the acromion process, complete distal clavicle resection and open biceps tenodesis on March 8, 2013. Treatment to date includes diagnostic testing, conservative measures, surgery right shoulder, diagnostic lumbar facet block, epidural steroid injection, cervical facet blocks (approximately 4 years previously) physical therapy and medications. The 1/13/2011 MRI of the cervical spine showed multilevel disc bulge, bilateral neural foramina and central foramina stenosis. The low back pain scores was noted to decrease from 5/10 to 2/10 for 2-3 days following the 2/24/2015 lumbar facet blocks injections. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience lower back and right knee pain rated at 4-6/10 with medications and 6-9 without medications. Examination of the cervical spine demonstrated tenderness of the paracervical muscles overlying the facets with decreased right C6, C7 and C8 dermatome distribution. Range of motion was decreased in all planes with negative Hoffman's sign. Bilateral and equal motor strength and reflexes were noted. The lumbar spine demonstrated

normal heel to toe gait. There was tenderness to palpation at the L4-5 facets with decreased sensation over the left dermatome distribution. Range of motion was decreased with intact reflexes and motor function. Straight leg raise was negative bilaterally. Positive facet loading test was demonstrated. Current medications are listed as Norco and Cyclobenzaprine. Treatment plan consists of continuing with medication regimen, cervical spine films and the current request for radiofrequency ablation L4-L5 and L5-S1, diagnostic bilateral facet blocks to C4, C5 and C6, pain management consultation and Flexeril renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation L4-5 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute , ODG Treatment in Worker's Compensation, 10th Edition, Treatment Index Low Back (updated 04/15/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that intervention pain procedures can be utilized for the treatment of non-radicular chronic lumbar pain of facet origin when conservative treatments with medications and PT have failed. The records indicate subjective, objective and radiological findings consistent with the diagnosis of discogenic lumbar radicular pain but not facet pain syndrome. There was no significant pain relief following the prior lumbar facet procedures that was completed on. The criteria for the L4-L5 facet radiofrequency ablation Qty 1 was not met. The request is not medically necessary.

Radiofrequency ablation L5-S1 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute , ODG Treatment in Worker's Compensation, 10th Edition, Treatment Index Low Back (updated 04/15/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that intervention pain procedures can be utilized for the treatment of non radicular chronic lumbar pain of facet origin when conservative treatments with medications and PT have failed. The records indicate subjective, objective and radiological findings consistent with the diagnosis of discogenic radicular pain not facet pain syndrome. There was no significant pain relief following the prior lumbar facet procedures that was completed on 2/24/2015. The criteria for the L5-S1 lumbar facet radiofrequency ablation Qty 1 was not met. The request is not medically necessary.

Pain management consult Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that chronic patients can be referred for expert evaluation and treatment when the diagnosis is too complex or when additional expertise management is necessary. The records indicate that the patient had previously completed evaluation and treatment by a pain management specialist. The patient had previously completed cervical and lumbar interventional pain procedures. There is no documentation of deterioration of the musculoskeletal pain. The pain score was noted to be stable with an average of 6/10. The criteria for Pain Management Consult Qty 1 was not met. The request is not medically necessary.

Flexeril 10mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development tolerance, dependency, addiction, sedation and adverse interaction with muscle relaxants. The records indicate that the duration of the use of Flexeril had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Flexeril 10mg #90 was not met. The request is not medically necessary.