

Case Number:	CM14-0122914		
Date Assigned:	09/16/2014	Date of Injury:	01/22/2009
Decision Date:	10/21/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California & Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68-year-old female who reported an injury on 01/22/2009, due to an unknown mechanism. Diagnoses are lumbago, radicular syndrome (thoracic/lumbosacral). MRI dated 04/07/2014, revealed no significant change since 2012 examination. There was spondylolisthesis at the L2-3 and L4-5 with foraminal narrowing at the L2-3 unchanged; severe spondylosis and posterior elements seen at the L2-3 and L4-5 without high grade direct neural impingement. Physical examination on 08/20/2014 revealed continued complaints of low back pain that was rated 7/10. It was noted the injured worker had a previous rhizotomy. Examination of the lumbar spine revealed increased paralumbar tenderness diffusely, range of motion limited due to pain, and pain on extension and rotation. Straight leg raise was positive on the right. Pain in the L2 distribution on the right, no S1 joint tenderness. Neurological examination revealed normal sensory exam and normal reflex examination. Medications were Norco and Anaprox. Treatment plan was for transforaminal epidural injection at the right L2-3 and bilateral rhizotomy. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection at right L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page: 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Spine Chapter, Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 sessions. The guidelines recommend for repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Pain relief from previous epidural steroid injections were not reported with a 50% pain relief up to 6 to 8 weeks. It was not reported that the injured worker was participating in a home exercise program. There are no neurological deficits with strength, sensation, or reflexes suggestive of radiculopathy in a specific dermatomal/myotomal distribution. The clinical information submitted for review does not provide evidence to justify a transforaminal epidural injection at the L2-3. Therefore, this request is not medically necessary.

Bilateral Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page: 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spine Chapter: Radiofrequency Neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: The Official Disability Guidelines state that facet joint radiofrequency neurotomies are under study. Conflicting evidence is available as to the efficacy of this procedure. The criteria for use of facet joint radiofrequency neurotomies is treatment requires a diagnosis of facet joint pain using a Medial branch block as directed. 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 greater than 50% pain 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. 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. No more than 2 joint levels are to be performed at 1 time. 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. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The documentation submitted for review revealed that the injured worker had a rhizotomy in 07/2014. Physical examination on 08/28/2014 revealed complaints of pain. The injured worker reported that her

pain was 7/10 in the low back. The injured worker was taking Norco 7.5/325 one tablet 4 times a day. It was reported that without the medications on board the injured worker would have difficulty performing ADLs. The medical guidelines state that the current literature does not support that the procedure is successful without sustained pain relief of generally at least a 6 month duration. The clinical information submitted for review does not provide evidence to justify a bilateral rhizotomy. Therefore, this request is not medically necessary.