

Case Number:	CM14-0136047		
Date Assigned:	09/03/2014	Date of Injury:	09/08/2001
Decision Date:	11/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine and is licensed to practice in California. 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 57 year-old female with date of injury 09/08/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/08/2014, lists subjective complaints as right knee pain and upper and lower back pain with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the cervical spine revealed limited range of motion, with flexion at 30 degrees, extension at 15 degrees, right rotation at 45 degrees, and left rotation at 55 degrees. Facet loading was positive to the right. Examination of the lumbar spine revealed restricted range of motion, with flexion at 45 degrees, and extension at 5 degrees. Straight leg raising test was negative. Facet loading in Ganslaen's maneuver caused pain over the sacroiliac joints. Right knee had trace effusion and restricted range of motion in all planes. Tenderness to palpation was noted over the lateral joint line. McMurray's test was negative. Diagnosis: 1. Post laminectomy syndrome, cervical region. 2. Displaced intervertebral disc, unspecified. 3. Pain in joint, pelvis and thigh. 4. Pain in joint, lower leg. 5. Cervical spondylosis. 6. Lumbago. 7. Intervertebral disc without myelopathy, lumbar. 8. Cervicalgia. 9. Lumbosacral spondylosis. 10. Osteoarthritis, local, lower leg. Medications: 1. Vicodin HP 10/660mg, #60 SIG: twice daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Botox injections to the right knee: 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), Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: According to the MTUS, Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome and trigger point injections. Consideration may be given to using Botox for: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The injured worker does not meet the criteria for use of Botox. The guidelines do not support use of Botox in the knee. Three Botox injections to the right knee are not medically necessary.

1 Prescription of Vicodin HP 10/660 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for use When to discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The injured worker continues to use a Duragesic patches. There is no documentation of a pain record or of functional improvement. One Prescription of Vicodin HP 10/660 mg, #60 is not medically necessary.

1 bilateral radiofrequency ablation, additional level, fluroguide for the spine: 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) Hip & Pelvis (Acute & Chronic)

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), Facet joint radiofrequency neurotomy

Decision rationale: The request is for radiofrequency ablation under fluoroscopic guidance to unspecified levels in the spine. The medical records state that the pain generators have been the

SI joints and that injections to the SI joints have resulted in an immediate decrease of 70% in the injured worker's pain. Based on the criteria listed in the ODG, the documentation does not support radiofrequency ablation of the spine. In addition, it is unknown which levels are intended for injection, or even if it is the cervical or lumbar spine. One bilateral, radiofrequency ablation, additional level, fluroguide for the spine is not medically necessary.