

Case Number:	CM15-0077464		
Date Assigned:	04/28/2015	Date of Injury:	03/30/2011
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 42 year old female who sustained an industrial injury on 3/30/11. She has reported initial complaints of back and wrist injury after falling down steps with her knee giving out. The diagnoses have included cervical degenerative disc disease (DDD), ulnar neuritis, and rotator cuff tendinitis, and right wrist sprain, lumbar radiculopathy with probable facet disease, right hip labral tear, bilateral knee pain, depression and anxiety. Treatment to date has included medications, surgery, injections, traction, occupational therapy, physical therapy, acupuncture and splinting. The diagnostic testing that was performed included lumbar Magnetic Resonance Imaging (MRI) and cervical Magnetic Resonance Imaging (MRI). Currently, as per the physician progress note dated 4/7/15, the injured worker complains of low back, shoulder, upper back, neck, left knee, right forearm and elbow pain. She had repeat cervical injection with 90 percent improvement. She has pain into right leg and arm with numbness and tingling right leg, foot and right arm. She also reports catching of the right leg at the hip. She reports difficulty sleeping due to pain. She has completed physical therapy for her back which helped. The pain was noted to be axial and not radicular. Previous epidural steroid injection (ESI) helped for about two weeks for pain in the leg. She is presently working. Physical exam revealed pain in the right groin with movement and mild crossed reflexes in the lower extremity. The physician requested treatment included Epidurography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low Back section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS ACOEM Guidelines state that there is good quality evidence that neurotomy of facet joints in the cervical spine is effective, however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (>50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure than space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. There is no mention in either the MTUS or any other guideline of epidurography being recommended during neurotomy, Epidurography is typically used during epidural injections. In the case of this worker, the request for epidurography accompanied requests for cervical and lumbar facet ablation procedures. There was insufficient documented support for epidurography in this situation and therefore the request will be considered medically unnecessary.