

Case Number:	CM13-0002759		
Date Assigned:	07/02/2014	Date of Injury:	11/12/2004
Decision Date:	08/15/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/23/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 12, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; various interventional spine procedures, including an earlier medial branch block; opioid therapy; and earlier lumbar laminectomy. In a Utilization Review Report dated July 12, 2013, the claims administrator denied a request for lumbar radiofrequency ablation procedure despite noting that an earlier medial branch block had reduced the applicant's pain by 80% for about an hour or two and improved the applicant's ability to bend. The claims administrator did not incorporate cited guidelines in its rationale, it is incidentally noted. Percocet was also denied on the grounds that the applicant had used opioids for a long period of time without any improvement in function. The applicant's attorney subsequently appealed. A November 9, 2005 medical legal evaluation was notable for commentary that the applicant was a qualified injured worker and had apparently failed to return to work as a carpenter. In a June 20, 2014 progress note, the applicant presented with persistent complaint of low back pain. The applicant continued to be quite disabled by his pain. The applicant denied any radicular complaints. Range of motion testing caused heightened back pain and the applicant apparently had positive facet loading without any motor or sensory deficits about the lower extremities. Percocet was renewed. The attending provider stated that Percocet was increasing the applicant's functioning. The attending provider did not outline what functionalities had been improved with ongoing Percocet usage. The attending provider again sought authorization for a radiofrequency neurotomy procedure. In an earlier progress note of April 22, 2014, the attending provider wrote that the applicant continued to be significantly disabled in terms of both work status, social life, and functioning secondary to pain, despite ongoing usage of Percocet. The applicant still

reported persistent pain complaints with Percocet. The attending provider stated that the applicant could get out of bed and attend church, reportedly as a result of Percocet usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RIGHT-SIDED RADIOFREQUENCY PROCEDURE AT L2, L3, AND L4 WITH FLUOROSCOPY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 301, facet neurectomies should be performed only after appropriate investigation involving differential dorsal ramus medial branch diagnostic blocks. In this case, the attending provider did post that earlier differential dorsal ramus diagnostic medial branch blocks were successful in temporarily alleviating the applicant's pain. The applicant appears to have facetogenic pain exacerbated by motion. A trial radiofrequency procedure at L2, L3, and L4 is therefore indicated. Therefore, the request for 1 right-sided radiofrequency procedure at L2, L3, AND L4 with fluoroscopy is medically necessary and appropriate.

ONE (1) PRESCRIPTION OF PERCOCET 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant continues to report high levels of pain, consistently in the 7/10 range or greater, despite ongoing usage of Percocet. The applicant is consistently described as disabled in terms of social activities, work status, and functioning secondary to pain, despite ongoing Percocet usage. The attending provider's commentary that the applicant was able to get out of bed and attend church appears to be negligible, is difficult to attribute to Percocet, and is outweighed by the applicant's failure to return to any form of work. Therefore, the request for Percocet is not medically necessary.

