

Case Number:	CM13-0006033		
Date Assigned:	10/09/2013	Date of Injury:	06/05/2008
Decision Date:	02/03/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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 patient is a 72-year-old male who reported injury on 06/05/2008 with the mechanism of injury being the patient tripped on a broken concrete and blacktop. The patient was known to undergo a laminectomy and foraminotomy of L4-5 on 07/13/2009. The patient was known to undergo an L3-4 laminotomy and foraminotomy on 03/18/2010. The patient had a diagnostic lumbar medial branch block on 07/16/2013 which revealed the patient's starting visual analogue scale (VAS) score was 5/10 and ending VAS score for several hours was 1/10. The patient was known to be able to extend and rotate the lumbar spine and bend and twist with gait improvement. The patient was noted to have the implant of a permanent spinal cord stimulator on 03/12/2012. The patient's physical examination revealed sensory to be intact, motor strength to be intact, and straight leg raise to be negative. The diagnosis was noted to be lumbar facet pain and neuropathy. The request was made for bilateral lumbar radiofrequency to treat L4-5 and L5-S1 and bilateral lumbar radiofrequency at 3 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 lumbar radiofrequency at bilateral L4-5, L5-S1 facet joints and neurotomies at L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The ACOEM Guidelines indicate that a radiofrequency ablation for the treatment of selected patients with low back pain is recommended, and the indications include that they should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ACOEM Guidelines, however, do not address the criteria for the use of a facet joint radiofrequency neurotomy. A secondary source, Official Disability Guidelines (ODG), indicates that a patient should have facet joint pathology which includes the following signs: tenderness to palpation in the paravertebral area, a normal sensory exam, absence of radicular findings and a normal straight leg exam. Additionally, they indicate that no more than 2 joint levels are to be performed at 1 time and factors that are associated with failed treatment include a history of back surgery. The clinical documentation submitted for review indicated the physician was requesting 3 joint levels. Per Official Disability Guidelines, 3 levels are not recommended. There was a lack of rationale indicating the necessity for 3 levels. The patient was noted to have 2 back surgeries, 1 in 2009 and 1 in 2010, which are possible indicators for failed treatment with a facet injection per Official Disability Guidelines. Given the above and the lack of documentation, the request for prospective request for 1 lumbar radiofrequency at bilateral L4-5, L5-S1 facet joints and neurotomies at L3-4, L4-5, L5-S1 is not medically necessary.

Prospective request for 1 prescription of Percocet 10/325mg, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to document the "4 A's" as per California MTUS Guidelines. Given the above, the request for prospective request for 1 prescription of Percocet 10/325 mg #240 is not medically necessary.

Prospective request for 1 prescription of Celebrex 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Nonsteroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

Decision rationale: The California MTUS guidelines indicates that Celebrex is a nonsteroidal anti-inflammatory drug (NSAID) and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The clinical documentation submitted for review indicated the patient had been on this medication for a long duration of time. However, the clinical documentation failed to provide the patient's functional response to the medication. It failed to provide the efficacy of the requested medication. Given the above, the request for prospective request for 1 prescription of Celebrex 200 mg #30 is not medically necessary.