

Case Number:	CM13-0013099		
Date Assigned:	10/03/2013	Date of Injury:	02/17/2012
Decision Date:	01/23/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

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 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 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 male with a date of injury of 2/17/2012. Patient has a diagnosis of lumbar radiculopathy and back pain. The patient has had 3 back surgeries between 1997 and 2012. The patient had an MRI on 7/9/12 that showed severe central stenosis at L3-4, a prior laminectomy at L4-5, facet hypertrophy with disc osteophyte complexes at L5-S1, and a chronic compression fracture at T12. Progress note dated 7/12/13 states the patient had 2 ESI which resulted in a 30-40% reduction in pain and improvement in the patient's ability stand up straighter and walk further. It also gave him the ability to not take pain medications. The patient was diagnosed with lumbar stenosis, lumbar radiculopathy, lumbar disc protrusion, lumbar degenerative disease, and lumbar spondylosis. The doctor's plan was to proceed with the third set of epidural steroid injections on July 12, 2013. On 7/24/13, the note states that the patient had relief for 9 days following his injection, and had pain again. The report states the patient was a candidate for radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for radiofrequency ablation (RFA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This treatment is not medically necessary. CA MTUS guidelines state, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." Therefore, as MTUS does not have good evidence for facet neurotomies in the lumbar spine, and as the patient has not had diagnostic blocks, this treatment is not medically necessary.

Neurontin 100mg, #100, with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: This treatment is medically necessary. CA MTUS chronic pain guidelines recommend anti-epileptic drugs for neuropathic pain. This patient has used Neurontin before with good results. The patient's pain has been referential to his radiculopathy and possible CRPS. Therefore the Neurontin is appropriate.

Tylenol #3, #60, with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82.

Decision rationale: This treatment is medically necessary. The patient is having increased pain with his current condition and has been shown to get relief and improved function with this medication in the past. CA MTUS does recommend opioids for neuropathic pain while titrating other medications (in this case the Neurontin). "Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. (Dworkin, 2007)". The patient has started other treatment, but the opioid medication falls under current guidelines.