

Case Number:	CM13-0014965		
Date Assigned:	10/08/2013	Date of Injury:	06/23/2007
Decision Date:	02/03/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/22/2013

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 and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 65-year-old male with a reported date of injury on 06/23/2007. The patient presented with low back pain radiating to the bilateral lower extremities, moderately reduced lumbar spine range of motion secondary to pain, tenderness in the lumbar spine at the L4 to S1 level, and lumbar paraspinal muscle spasm upon palpation. The patient had diagnoses including lumbar disc degeneration, lumbar facet arthropathy, and chronic pain. The physician's treatment plan included a request for Facet rhizotomy (radio-frequency ablation of the medical branch nerve) at the bilateral L4-S1 levels and a request for Random urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet rhizotomy (radio-frequency ablation of the medical branch nerve) at the bilateral L4-S1 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet joint diagnostic blocks (injections) and Facet joint radiofrequency neurotomy

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), Low back, Facet joint radiofrequency neurotomy

Decision rationale: The California MTUS guidelines do not specifically address rhizotomy. ACOEM states, radiofrequency neurotomy for the treatment of select patients with low back pain is recommended. The Official Disability Guidelines note, criteria for use of facet joint radiofrequency neurotomy include: treatment requires a diagnosis of facet joint pain using a medial branch block with a response of $\geq 70\%$, the pain response should last at least 2 hours for Lidocaine and the patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain; no more than two joint levels are to be performed at one time; and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Per the provided documentation, the patient had a medial branch nerve block at the bilateral L4 to S1 level on 11/10/2012 which provided the patient with greater than 80% overall improvement for 1 week. The provider noted the patient had tenderness in the lumbar spine at the L4 to S1 level. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement, decreased VAS scores, and decreased medication usage with the prior medial branch block. Within the provided documentation, there was a lack of documentation of significant facetogenic pain. The requesting physician did not include adequate documentation that the patient had a negative examination for radiculopathy. Additionally, within the provided documentation, it was unclear if the patient has undergone an adequate course of conservative care prior to the request for a facet rhizotomy. Therefore, the request for Facet rhizotomy (radio-frequency ablation of the medial branch nerve) at the bilateral L4-S1 levels is neither medically necessary nor appropriate.

Random urine drug testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. Within the provided documentation, it was unclear when the patient's last urine drug screen was performed; therefore, it was unclear if the frequency of the UDS was consistent with the Guideline recommendations. Within the provided documentation, it did not appear the patient was at risk for medications misuse. Therefore, the request for Random urine drug testing is neither medically necessary nor appropriate.