

Case Number:	CM13-0020222		
Date Assigned:	10/11/2013	Date of Injury:	02/12/2004
Decision Date:	01/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/05/2013

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 has a subspecialty in Pain Management and is licensed to practice in California 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 36-year-old injured worker who reported injury on February 12, 2004. The mechanism of injury was not provided. The patient was noted to have severe back pain and pain radiating to the left thigh and right thigh. The patient was noted to have a normal straight leg raise; paraspinal muscle tone that was normal; and was noted to have maximum tenderness over the spinous and paraspinal lumbar region. The diagnoses were noted to include chronic pain due to trauma, low back pain, radiculopathy thoracic and lumbosacral, and sciatica. The request was made for 1 radiofrequency lumbar medial branch block injection L3, L4, and L5 bilaterally and 1 prescription of Oxycodone Hydrochloride 5 mg, quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 radiofrequency lumbar medial branch block injection; L3,L4 and L5 bilaterally: 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), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Criteria for use of Facet Joint Radiofrequency Neurotomy, Online Version

Decision rationale: The California MTUS/ACOEM Guidelines does not address radiofrequency lumbar medial branch block injections. The Official Disability Guidelines recommend radiofrequency neurotomies, when the patient has a diagnosis of facet joint pain using a medial branch block as described above. The clinical presentation should be consistent with facet joint pain, signs & symptoms which include tenderness to palpation in the paravertebral areas, a normal sensory examination; absence of radicular findings, although pain may radiate below the knee and a normal straight leg raising exam. 1 set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should last at least 2 hours for Lidocaine. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at $\geq 50\%$ relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months' duration). Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The medical records indicate that the patient was noted to have a left-sided radiofrequency lumbar medial branch neurotomy at L3, L4, and L5 on April 08, 2013. The clinical documentation submitted for review indicated that the patient had decreased their medications post radiofrequency ablation (RFA). The patient was able to cut down on the Oxycodone by 2 per day and the other medication by 1 per day. However, the clinical documentation submitted for review failed to provide documentation of at least 12 weeks of greater than 50% relief as per documented VAS scores and improvement in function. This information pertained to the left side. The clinical documentation submitted for review indicated the patient had tenderness to palpation over the paravertebral areas and was noted to have numbness in the medial left calf followed by the lateral left calf and posterior leg. The patient was noted to have positive facet loading maneuvers; a positive straight leg raise bilaterally; and strength in neurovascular lower extremities was noted to be normal. However, the patient was noted to have, on the anterolateral and anteromedial side of the knee on the left, a decreased sensation. There was a lack of documentation of a formal plan of evidence based conservative care in addition to facet joint therapy. The request would be for a repeat of the left and new injections of the right side. The request for 1 radiofrequency lumbar medial branch block

1 prescription of Oxycodone HCL 5mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: The California MTUS Guidelines recommend Oxycodone for controlling chronic pain and this medication is often used for intermittent or breakthrough pain. Additionally, the California MTUS recommends 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 provide documentation of the 4 A's. In addition, it indicated the patient had been taking cannabis as well as alcohol to assist in controlling the chronic pain. Given the above, and the lack of documentation as well as the patient's indication of cannabis use and alcohol to control the back pain, and lack of indication of the efficacy of the medication on the patient's pain, the request cannot be supported. The request for 1 prescription of Oxycodone HCL 5mg, quantity 120 is not medically necessary.