

Case Number:	CM13-0023986		
Date Assigned:	01/03/2014	Date of Injury:	11/08/2001
Decision Date:	03/25/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 55-year-old female who reported an injury on 11/08/200, due to a motor vehicle accident that reportedly caused injury to the patient's low back and cervical spine. The patient ultimately underwent lumbar fusion, followed by hardware removal at the L3-4 level. The patient failed conservative treatments and underwent medial branch blocks at the L5-S1 bilaterally to support the diagnosis of facet arthropathy and to assess the patient's viability for a radiofrequency ablation. The patient's most recent clinical documentation indicates that the patient had an over 50% pain reduction with an increase in the ability to perform activities of daily living. It was also noted that the patient's medication was previously prescribed as Oxycontin 40 mg every twelve (12) hours and was reduced to Oxycontin 30 mg one (1) by mouth every twelve (12) hours. The patient's diagnoses included status post anterior cervical discectomy and fusion at the C4-5, status post posterior lumbar interbody fusion of the L3-4, with subsequent hardware removal, and disc bulges at the L2-3 and L4-5, with neural foraminal stenosis. The patient's treatment plan included a radiofrequency ablation and observation of the reduction in the patient's pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Radio frequency Ablation at L2-3, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS/ACOEM Guidelines recommend the use of radiofrequency ablation in selected patients with low back pain that have had an appropriate response to investigational medial branch diagnostic blocks. The Official Disability Guidelines specifically document that an appropriate response to medial branch diagnostic blocks includes at least 70% pain relief. The clinical documentation submitted for review consistently documents that the patient had pain relief of approximately 50% as a result of the medial branch block. The Official Disability Guidelines do not recommend radiofrequency ablation for patients who have response of less than 70%. Additionally, documentation includes a surgical notes that supports the patient underwent medial branch blocks at the L5-S1 levels. The clinical exam dated 07/29/2013 refers to this procedure as a radiofrequency ablation. Therefore, the exact nature of the procedure and the associated response cannot be clearly determined. As such, the requested bilateral radiofrequency ablation at the L2-3, L4-5, and L5-S1 is not medically necessary or appropriate.

Oxycontin 30mg,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Pain Chapters

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient had a reduction in pain medication as the result of a previous intervention; however, the Chronic Pain Guidelines recommend that the continued use of opioids in the management of chronic pain, be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. However, the documentation does not provide any evidence of functional benefits or a quantitative assessment of pain relief from the prior dosage, to support continued use of this medication. As such, the request is not medically necessary or appropriate.