

Case Number:	CM13-0070462		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2008
Decision Date:	04/21/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 expert 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 42 year old male who was injured on 05/03/2008. The patient currently is being treated for symptoms related to the lower back. The mechanism of injury is unknown. Prior treatment history has included physical therapy modalities, chiropractic treatments, anti-inflammatory medications and muscle relaxants for more than 12 weeks with no significant benefits. The patient underwent L5-S1 lumbar discectomy surgery done in the past. He had a lumbar facet injection that was done on 04/02/2013, provided 75-80% of pain relief for 4 days. He underwent radiofrequency left lumbar facet neurotomy L3-4, L4-5, and L5-S1 under fluoroscopy on 06/17/2013, 06/04/2013, 04/02/2013; right lumbar facet injection under fluoroscopy at L3-L4, L4-L5, and L5-S1 (Medial Branch Block) on 04/02/2013. On 01/09/2013, he underwent a left lumbar L4-L5, L5-S1 transforaminal epidural and left lumbar L4-L5, L5-S1 extradural myelogram; temporary implant of the right lumbar spinal cord stimulator lead (octrode); temporary implant of the left lumbar spinal cord stimulator lead (octrode); intraoperative lumbar myelogram; interpretation of myelogram; and programming of spinal cord stimulator generator. 12/06/2013 Medications Include: Norco 10/325, 6 daily as needed for pain Ultram 50 mg 3 daily 10/19/2013 Medications Include: Tramadol 50 mg Norco 10/325 mg 08/01/2013 Medications Include: Norco 10/325 mg 05/22/2013 Medications Include: Norco 10/325, 6 daily as needed for pain Soma 350 mg 3 daily for muscle spasms PR dated 12/06/2013 indicated the patient was being seen for chronic low back pain, bilateral buttock and bilateral groin pain. The pain is sharp, shooting, stabbing and burning in nature. The pain level is 7 on a scale of 0 to 10. There is no evidence of lumbar radiculopathy. Objective findings on exam revealed bilateral paraspinal muscle spasms and stiffness in the lumbar spine. There is bilateral lumbar facet tenderness at L1-L2 and L2-L3; range of motion of the lumbar spine is very limited. His neurological examination is normal. The patient was diagnosed with lumbar spondylosis,

degenerative disc disease lumbar spine, bilateral lumbar facet syndrome, and diagnostic facet injection (MBB) with positive results. The patient has been recommended to undergo radio frequency of the bilateral lumbar facet (medial branch neurotomy) at L1-L2 and L2-L3 level under fluoroscopy. The procedure will be done one side each time two weeks apart. He is to continue with home exercise program/PT and cures report was reviewed. PR2 dated 10/09/2013 documented the patient to complain of low back pain and reports constant sharp pain that sometimes radiates to left buttock. He states that pain medications and injection has been providing pain relief and improves function. He rated his pain 3/10 with meds and injection. PR2 dated 08/01/2013 indicated the patient reported his pain level 7/10. His pain is associated with stiffness and muscle spasms of the lumbar spine area. The pain radiates into left lower extremity. Objective findings on exam revealed straight leg raising test positive on the left leg and weakness in the left lower extremity in L4-L5 myotomes. The patient was diagnosed with left lumbar radiculopathy. PR2 dated 05/22/2013 indicated the patient's pain level is 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION-SPINE-RADIOFREQUENCY OF THE BILATERAL LUMBAR FACET (MEDIAL BRANCH NEUROTOMY) AT LEFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) 2009

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: Per the CA MTUS, there is not quality literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provide good temporary relief of pain. 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. The medical records provided failed to document the appropriate investigation involving the medial branch blocks. Further, the patient has had prior facet blocks which only provided relief for 2-4 days, with no change in medication use or overall functional improvement. Medical necessity has not been established on this patient.

TRAMADOL 50MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 2009 - Chronic Pain Medical Treatment Guidelines, 7/18/2009, page 93-94 and 113.

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

Decision rationale: Per CA MTUS, on-going management of opioid use states ongoing review and documentation of pain relief, increased level of function or improved quality of life. PR-2's provided for review does not provide documentation of the ongoing pain relief or increased functioning. The patient has been taking Tramadol since, at least, 10/09/2013. Further, there was no Urine Drug Screen (UDS) provided to show the patient is taking the medication as indicated. The medical necessity has not been established based on the guidelines provided. Weaning of opioids is recommended.