

Case Number:	CM14-0009897		
Date Assigned:	02/21/2014	Date of Injury:	03/11/2008
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery 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 injured worker is a 57 year old male who sustained an injury on 03/11/08 when he was involved in a motor vehicle accident. The injured worker indicated he struck his head against the roof of his truck landing forcefully in the truck seat. The injured worker developed immediate complaints of low back pain. Prior treatment included physical therapy which was not beneficial. The injured worker was seen on 12/03/13 with ongoing complaints of low back pain. Physical examination noted tenderness to palpation in the lumbar spine over the paravertebral musculature and tenderness over the right sided sacroiliac joint. Positive Patrick Faber signs were noted in the right sacroiliac joint. There was limited lumbar range of motion and decreased sensation to light touch and pin prick involving the L5 and S1 dermatomes. At this evaluation the injured worker was recommended for acupuncture therapy and a lumbar brace was provided. Follow up on 12/20/13 noted the injured worker continued to complain of low back pain that was severe radiating through the right lower extremity with associated numbness and tingling. Medications at this evaluation included Motrin 800mg. Physical examination noted antalgic gait favoring the right lower extremity. There was moderate facet tenderness in the lower lumbar spine with diffuse tenderness over the paraspinal musculature. Positive sacroiliac joint findings were noted to the right. Lumbar range of motion was limited. No motor weakness or reflex changes were present. Per [REDACTED] report, the injured worker had prior lumbar rhizotomy in 08/12 which provided 90% relief for seven to eight months. The injured worker also had previous right sacroiliac joint rhizotomy procedures which provided good relief for six to eight months. Repeat rhizotomy procedures from L4 to S1 were recommended at this evaluation and rhizotomy of the sacroiliac right sacroiliac joint. The injured worker was also recommended for hot and cold contrast system and urine drug screen testing. Urine drug screen testing was done on 12/20/13. Per the report no medications were actively being prescribed and no positive

findings were noted. The injured worker was seen on 01/10/14 for ongoing complaints of low back pain. There continued to be pain in the lumbar paraspinals. The evaluation on 01/13/14 was for the right thumb. The requested bilateral L4 through S1 medial branch facet joint rhizotomy and neurolysis and right sacroiliac joint rhizotomy hot and cold contrast system and urine toxicology screen were denied by utilization review on unknown date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL L4 THROUGH S1 MEDIAL BRANCH FACET JOINT

RHIZOTOMY/NEUROLYSIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 12 (LOW BACK COMPLAINTS), PG 300-1

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, Facet Joint radiofrequency neurotomy

Decision rationale: In regards to the requested L4-S1 bilateral facet rhizotomy procedures requested, this procedure is medically necessary. The injured worker presented with objective findings consistent with active facet mediated pain. There was tenderness over the lumbar facets with as well as the lumbar paraspinals. Per the clinical records by [REDACTED] the injured worker had previous rhizotomy procedures from L4 to S1 in 2012 which resulted in 90% relief of symptoms for seven to eight months. Given the efficacy of prior lumbar rhizotomy procedures from L4 to S1 and continuing objective findings consistent with facet mediated pain a repeat rhizotomy procedure would be supported by guidelines. As such this request is medically necessary.

1 RIGHT SACROILIAC JOINT RHIZOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, sacroiliac joint rhizotomy

Decision rationale: In regards to the requested right sacroiliac joint rhizotomy, the injured worker has ongoing objective clinical findings consistent with symptomatic sacroiliac joint dysfunction. Per the records from [REDACTED] it is noted the injured worker had a previous right sacroiliac joint rhizotomy; however, it is unclear when the procedure was performed. The injured worker was reported to have good relief for six to eight months; however, a specific percentage of improvement was not documented. It was unclear if the injured worker was able to improve functionally with this procedure or decreased medication usage. Given the

insufficient clinical documentation regarding efficacy of the previous right sided sacroiliac joint rhizotomy procedures, the request is not medically necessary.

1 HOT/COLD CONTRAST SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines Consulted.

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, Hot/Cold Packs

Decision rationale: In regards to a hot/cold contrast system, this durable medical equipment is not medically necessary. The injured worker has ongoing complaints of musculoskeletal pain; however, there are no indications to support a hot and cold contrast system versus commercially available heating pads or hot and cold packs available over the counter. Without evidence of exceptional factors to support hot and cold contrast system the request is not medically necessary.

1 URINE TOXICOLOGY SCREENING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, SUBSTANCE ABUSE TOLERANCE DEPENDENCE ADDICTION,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, UDS

Decision rationale: In regards to the requested urine drug screen, this request is not medically necessary. The injured worker was not being prescribed active narcotics or other controlled substances. There were no clear plans to initiate narcotic medications per the clinical records provided. In regards to any indications of diversion or aberrant medication use the clinical records did not provide evidence of these concerns. Therefore this is not medically necessary.