

Case Number:	CM14-0012726		
Date Assigned:	02/21/2014	Date of Injury:	08/26/2002
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female who has submitted a claim for lumbar degenerative disks disease, lumbar facet arthropathy, and chronic pain associated with an industrial injury date of August 26, 2002. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity, graded 10/10 in severity and relieved to 8/10 with medication intake. This resulted to difficulty in self-care/hygiene. Physical examination revealed tenderness at L3 to S1 levels, worse at L5 to S1. Range of motion of the lumbar spine showed flexion at 40 degrees and extension at 10 degrees. Sensory and motor exam were normal. Patient had sciatic stretch signs and a positive straight leg raise testing at 40 to 50 degrees in both the supine and seated position. MRI of the lumbar spine, dated 08/16/2006, revealed a 2-3 mm disc bulge at L5-S1 with mild hypertrophy of facet joints, mild bilateral foraminal narrowing, and without significant spinal stenosis. Treatment to date has included hybrid surgery at L4-L5 and fusion at L5-S1; bilateral L5 and S1 medial branch nerve block on 9/5/2013; bilateral L3 to L4 and L4 to L5 facet block on 12/15/2011; physical therapy, acupuncture, use of a TENS unit, and medications such as Norco, tramadol, Nucynta, and Motrin. Utilization review from February 6, 2014 denied the request for Motrin 600 mg because there was no documented benefit with its use; and denied facet Rhizotomy radiofrequency ablation on the medial branch nerve L5 to S1 because the patient recently had a transforaminal epidural injection and the use of both medial branch block and ESI obviates the diagnostic utility of the medial branch block.

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 medial branch nerve) for bilateral L5-S1:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The MTUS/ACOEM Guidelines, there is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. In addition, the Official Disability Guidelines (ODG) states that criteria for use includes a diagnoses of facet joint pain using a medial branch block, and there should be evidence of a formal plan of additional evidence-based conservative care. In this case, patient complained of low back pain radiating to the right lower extremity. Physical examination revealed tenderness, painful range of motion of the lumbar spine, positive sciatic stretch signs, and positive straight leg raise testing at 40 to 50 degrees in both the supine and seated position. Sensory and motor were normal. MRI of the lumbar spine, dated 08/16/2006, revealed a 2-3 mm disc bulge at L5-S1 with mild hypertrophy of facet joints, mild bilateral foraminal narrowing, and without significant spinal stenosis. Patient underwent bilateral L5 and S1 medial branch nerve block on 9/5/2013 resulting to 80% pain relief for one month, which is a positive response. Moreover, patient was instructed to continue her home exercise program. Facet rhizotomy is a reasonable treatment option at this time. Guideline criteria were met. Therefore, the request for facet rhizotomy (radio frequency ablation of the medial branch nerve) for bilateral L5-S1 is medically necessary.

Motrin 600 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Recommendations: Osteoarthritis (Including Hip & Knee).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on ibuprofen since July 2013. The patient reported pain relief with functional improvement from its use. However, long-term use is not recommended. Therefore, the request for motrin 600 mg #60 is not medically necessary and appropriate.