

Case Number:	CM14-0111543		
Date Assigned:	08/01/2014	Date of Injury:	07/10/1995
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine 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:

This is a 55 year old male with a date of injury on 7/10/1995. The exact mechanism of injury has not been described. According to the most recent progress note on 6/10/2014 patient was complaining of lower back pain. Patient rated the pain as 8 out of 10 without medication, and 4 out of 10 with medication. Patient states he feels he has made some progression with the 6 sessions of chiropractic care already attended. Patient changed medications off of Lunesta to Ambien on 5/12/2014 and per the records as of 6/10/2014 indicate that he is still currently taking. Objective: The patient ambulates with normal gait. On lumbar spine examination of the paravertebral muscles, spasm and tenderness are noted on both sides of spinous process with tenderness to L4, L5 and S1. The heel and toe walk are normal and straight leg raising test is negative. The motor examinations are grossly normal for the bilateral lower extremities, and all reflexes are equal and symmetrical. There is decreased sensation along the Left L4 and L5 dermatomes. Diagnostic Impression: Lumbar or Lumbosacral Disc Degeneration, Lumbago, Neuralgia, Neuritis and Radiculitis. Treatment to date: Medication Management, Chiropractic Care, Home Exercises, RFAA UR decision dated 6/17/2014 denied the request for Percutaneous facet joint denervation L3-L4, L4-L5, L5-S1, S1-S2, both sides with fluoroscopic needle guidance, six additional chiropractic treatment, and a refill for Ambien. There is no specific documentation of significant and sustained improvement in pain or function associated with a previous lumbar facet RFA to support the request for percutaneous facet joint denervation L3-L4, L4-L5, L5-S1, S1-S2, both sides with fluoroscopic needle guidance which makes the decision not medically necessary. The CA MTUS guidelines do not support treatment with additional chiropractic care with no specific documentation of significant and sustained improvement in pain or function associated with the previous 6 sessions of chiropractic care or the decreased need for medications which makes the decision not medically necessary. Per the

CA MTUS and ODG guidelines, they do not support long-term daily use of sleep/hypnotic medications, particularly in the absence of failure of sleep hygiene modification and sleep study. Therefore, Ambien is not a medical necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Facet Joint Denervation Lumbar 3-4, Lumbar 4-5, Lumbar 5 - Sacral 1, Sacral 1-2, bilaterally with Fluoroscopic Needle Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-199, 300-301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (http://www.odg-twc.com/odgtwc/low_back.htm).

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

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. Although it is documented patient had improvement with a RFA in 2010, there are no specific documentations on the significant and sustained improvement in pain or function associated with this procedure which is supported by the CA MTUS and ODG guidelines. Therefore, the request for percutaneous facet joint denervation L3-L4, L4-L5, L5-S1, S1-S2 bilaterally with fluoroscopic needle guidance is not medically necessary.

Additional Chiropractic Treatment times six (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Low Back Complaints, Manual therapy and manipulation Page(s): 58.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would

make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. Although patient stated he has experienced "some gain" with chiropractic care. There is no specific documentation with evidence of objective functional improvement with previous treatment. Therefore, the decision for 6 additional chiropractic treatments is not medically necessary.

Refill Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines (ODG): <http://www.odg-twc.com/odgwc/pain.htm#Zoipidem> Treatment of insomnia.

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

Decision rationale: ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The medical documents indicate that the patient has been on Ambien for over 30 days of daily use. Therefore, the decision for refill Ambien is not medically necessary.