MAXIMUS Federal Services

Case Number:	CM14-0114341		
Date Assigned:	08/06/2014	Date of Injury:	09/27/2003
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 63-year-old male who reported an injury on 09/27/2003 through 09/27/2004 due to an unspecified mechanism of injury. On 05/29/2014 he reported low back pain that did not radiate to the lower extremities and rated at an 8/10. He stated that the pain would be worse with prolonged sitting, standing, bending, lifting, twisting and was relieved by rest. A physical examination revealed range of motion of the lumbar area to be 35 degrees of flexion, 15 of extension, lateral bending to 15 degrees bilaterally, and rotation to 30 degrees. Tenderness to palpation was noted over the L4-5 and L5-S1 facet areas bilaterally, and facet loading was positive for pain in the lower lumbar region. Straight leg raise test was noted to be negative. Motor strength was noted to be 5/5 bilateral upper and lower extremities. Sensation was noted to be intact and the deep tendon reflexes were 2+ at the level of the bilateral patella. His diagnoses were listed as lumbar spine sprain/strain, facet arthropathy at L4-5 and L5-S1 bilaterally, confirmed by a medial branch nerve block, and hypertension. Medications included Norco. Past treatments included pain medications and medial branch blocks. Information regarding diagnostic studies and surgical history was not provided for review. The treatment plan was for radiofrequency ablation of the facet joints in the lumbar area on the right side at the level of the L4-5 and L5-S1, and after that, the same procedure on the left side after 2 weeks, and a urine drug test. The Request for Authorization form was signed on 06/10/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation of the Facet Joints in the Lumbar Area in the Right side at the level of L4-L5 and L5-S1 and after that the same procedure on the Left Side after 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 80.

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, Facet Joint Radiofrequency neurotomy.

Decision rationale: The request for radiofrequency ablation of the facet joints in the lumbar area in the right side at the level of L4-5 and L5-S1, and after that, the same procedure on the left side after 2 weeks is non-certified. Per the note dated 05/29/2014, the injured worker reported pain in the lower back rated at an 8/10. The California MTUS ACOEM Guidelines indicate that radiofrequency Neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency Neurotomy of facet joint nerves in the cervical spine provides good temporary relief from pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state the criteria for the use of facet joint radiofrequency Neurotomy requires a diagnosis of facet joint pain using a medial branch block. It was stated under the list of diagnoses that facet arthropathy had been confirmed by a medial branch nerve block. However, documentation regarding the procedure and outcomes of the medial branch nerve block was not provided for review. In the absence of this information, the request would not be supported. As such, Radiofrequency Ablation of the Facet Joints in the Lumbar Area in the Right side at the level of L4-L5 and L5-S1 and after that the same procedure on the Left Side after 2 weeks is not medically necessary.

Urine Drug Test: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 77 Page(s): 77.

Decision rationale: Based on the clinical information submitted for review, the injured worker was noted to be taking Norco for an unspecified period of time. The California MTUS Guidelines state that the use of urine drug screens should be considered to assess for the use or presence of illegal drugs during opioid therapy or at the initiation of opioid therapy. There is a lack of documentation stating a rationale for the request for a urine drug test. The rationale for the use of the urine drug test is unclear, as it does not appear that the injured worker had any signs of aberrant drug taking behaviors or showed any signs that he was not being consistent with his pain medication regimen to indicate the need for a urine drug test. In the absence of this

information, the request would not be supported by the evidence based guidelines. Given the above, a Urine Drug Test is not medically necessary.