

<b>Case Number:</b>	CM14-0126978		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/19/1993
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicates that this 61 year-old male was reportedly injured on 3/19/1993. The mechanism of injury is noted as a back injury. The most recent progress note dated 6/27/2014 indicates that there are ongoing complaints of back pain. The physical examination demonstrated he was able to toe and heel walk with some difficulty; straight leg raising is normal bilaterally; motor function in lower extremities 5/5; reflexes 1+ with absent ankle reflexes; sensory evaluations within normal limits; range of motion is restricted to 50% of normal and painful in both planes, especially flexion and lateral bending. No recent diagnostic imaging studies available for review; however, progress note reports "facet arthropathy per his lumbar spine MRI". Previous treatment includes one lumbar radiofrequency ablation in late 2013 (exact date is unknown), but reported 80% improvement in back pain; and medications to include: MS Contin and Opana. A request had been made for a repeat two (2) level lumbar radiofrequency lesioning at L4-5 and L5/S1; MS Contin 100mg #150 and Opana 10 mg #90; which were denied in the pre-authorization process on 7/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat two level lumbar radio frequency lesioning at L4-5 and L5/S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Facet Joint Radiofrequency Neurotomy (updated 07/03/14).

**Decision rationale:** MTUS/ACOEM practice guidelines make no recommendation for or against the facet rhizotomy for chronic back pain confirmed with diagnostic blocks, without radiculopathy, and who have failed conservative treatment. ODG requires specific criteria be met and documented for repeat facet joint radiofrequency to include no more than 2 joint-levels be performed at one time, >50% improvement for >12 weeks, the procedure should not be repeated <6 months, and evidence of a formal plan of evidence-based conservative care in addition to facet joint therapy which should document decreased medication use and improvement in function. Review of the available medical records, fails to meet guideline criteria. As such, this request is not considered medically necessary.

**MsContin 100mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,78,93 of 127.

**Decision rationale:** MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain after an injury in 1993; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

**Opana 19mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,78,93 of 127.

**Decision rationale:** MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant reported low back pain and spasming at their last visit; however, there has

been no objective documentation of improvement in his pain or function with the current regimen. As such, this request is not considered medically necessary.