MAXIMUS Federal Services

Case Number:	CM14-0154795		
Date Assigned:	09/24/2014	Date of Injury:	04/23/1996
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Rehabilitation and is licensed to practice in Illnois. 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 50-year-old female who reported an injury on 04/23/1996 who sustained injuries while working. Sustained injuries to her low back and knees. It was documented the injured worker suffers from migraine headaches. The injured worker's treatment history included; Botox injections for migraine headaches; MRI studies; rhizotomy at L3-4, L4-5, and L5-S1 levels bilaterally; and medications. The documentation submitted it was documented the injured worker suffers from migraine headaches at least 2 to 3 headaches per month. It was documented the injured worker stated migraine headaches are better with Botox injections. The injured worker had had less migraine attacks recently after Botox injections. In order to keep the migraine attack under control she is to receive a Botox injection every 3 months. The injured worker underwent a rhizotomy at the L3-4, L4-5, and L5-S1 levels bilaterally on 07/30/2013 09/27/2013 and 01/28/2014. The injured worker stated that the pain the lower back had improved significantly. The pain in the piriformis was now increasing in severity. The injured worker was evaluated on 08/06/2014 and was documented the injured worker complained of constant pain and discomfort in the upper mid and low back and bilateral knees. The pain was constantly and radiating to bilateral leg and foot. There was poor balance and generalized weakness since the accident. The symptoms were increased by sitting, standing, and walking for prolonged period of time. The injured worker's pain had worsened and continued to have chronic migraines. The injured worker avoids strenuous lifting, carrying, pulling, pushing, stooping, and bending because of the back condition. It was reported that during the course of performance of activities of daily living, there is still significant amount of pain and stiffness of the lumbar spine and lower extremities. Physical examination revealed the injured worker was unable to perform heel and toe walk; loss of lumbar lordosis; tenderness to palpation to lumbar spine; restricted and painful range of motion, lumbar spine; decreased sensation to light touch, lumbar spine; there

was back stiffness; there was back weakness; there was muscle spasm; and frequent limp. There was poor balance and generalized weakness. Diagnosis included chronic migraine headaches, lumbar spine sprain/strain syndrome, lumbar radiculopathy, failed back surgery syndrome, and bilateral knee joint arthropathy. Request for Authorization dated 08/06/2014 was for bilateral lumbar rhizotomy L3-4, L4-5, and L5-S1 and Botox injections for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Rhizotomy L3-4, L4-5 and L5-S1 and Botox Injection for Migraine headaches: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Botox Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar- Thoracic. Facet Joint Radio Frequency Neurotomy.

Decision rationale: c)My rationale for why the requested treatment/service is or is not medically necessary: Official Disability Guidelines state those facet joint radiofrequency neurotomies are under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. The provider indicated the injured worker had 2 bilateral lumbar Rhizotomy at L3-4, L4-5, and L5-S1 injections. The Chronic Pain Medical Treatment Guidelines do not generally recommend Botox Injections for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibro myositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Recommended: cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticolis, and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin an injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. The provider failed to indicate documented improvement in VAS score, decreased medications, and documented improvement in function. In the documentation submitted, it was documented the injured worker

underwent a rhizotomy on 07/30/2013 and 09/27/2013. However, the guidelines state injections should not be repeated unless duration of relief from the first procedure was documented for at least 12 weeks at a decreased > 50% relief. Moreover, the guidelines state that pain an interval of at least 6 months' duration of pain relief. It was documented the injured worker states that the Botox injections relieve her headaches and she has had less migraines. As such, the request for bilateral lumbar rhizotomy L3-4, L4-5, and L5-S1is not medically necessary. The request for Botox injections for migraine headaches is medically necessary.