

<b>Case Number:</b>	CM14-0156792		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	06/16/2006
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. 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:

According to the records made available for review, this is a 49-year-old female with a 6/16/06 date of injury. At the time (9/19/14) of Decision for Radiofrequency Bilateral Lumbar Facet Medial Branch Neurotomy at L4-L5, L5-S1 Level, Under Fluoroscopy, One Side at a Time, Two Weeks Apart and Urine Drug Screen, there is documentation of subjective (severe low back, bilateral buttocks and bilateral groin pain) and objective (tenderness to palpitation over the lumbar spine from L4-L5 bilaterally, a decreased range of motion of the lumbar spine, and bilateral lumbar facet tenderness at L4-L5 and L5-S1) findings, current diagnoses (lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, and mechanical low back pain), and treatment to date (diagnostic lumbar facet injection, physical therapy, chiropractic treatment, and medications (including ongoing treatment with Norco since 4/24/14)). Medical reports identify 75% pain relief lasting for two days, significant relief of muscle spasms and stiffness, increase in activities of daily living, and taking less pain medications as a result of previous lumbar facet injection; and two drug screens within a 6 month period with appropriate results. Regarding Radiofrequency Bilateral Lumbar Facet Medial Branch Neurotomy at L4-L5, L5-S1 Level, Under Fluoroscopy, One Side at a Time, Two Weeks Apart, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Regarding urine drug screen, there is no documentation of opioid abuse, addiction, poor pain control or the patient being at "moderate risk" of addiction & misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Bilateral Lumbar Facet Medial Branch Neurotomy at L-4L5, L5-S1 Level, Under Fluoroscopy, One Side at a Time, Two Weeks Apart: 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, Facet Joint radiofrequency Neurotomy

**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 Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of 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 (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, and mechanical low back pain. In addition, there is documentation of at least one set of diagnostic medial branch blocks with a response of 70%. In addition, given documentation of a request for Lumbar Facet Medial Branch Neurotomy at L4-L5, L5-S1 Level, there is documentation of no more than two joint levels will be performed at one time. However, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for Radiofrequency Bilateral Lumbar Facet Medial Branch Neurotomy at L4-L5, L5-S1 Level, Under Fluoroscopy, One Side at a Time, Two Weeks Apart is not medically necessary.

**Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug screening. Decision based on Non-MTUS Citation Official Disability Guideline: Urine Drug Screen

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of

adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, and mechanical low back pain. . In addition, there is documentation of ongoing treatment with Norco. However, given documentation of records reflecting prescriptions for Norco since at least 4/24/14, there is no documentation of opioid abuse, addiction, or poor pain control. In addition, given documentation two drug screens within a 6 month period with appropriate results, there is no documentation of the patient being at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for Urine Drug Screen is not medically necessary.