MAXIMUS Federal Services

Case Number:	CM14-0157429		
Date Assigned:	10/01/2014	Date of Injury:	11/12/2008
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Pain 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:

The injured worker is a 47 year-old male with a date of injury of 11/10/2008. The patient's industrially related diagnoses include bilateral lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, right sacroiliac joint pain, lumbar sprain/strain, and bilateral shoulder pain. The injured worker had a right L3-L4, right L4-L5, and right L5-S1 facet joint medial branch block on 3/7/2013 with 90% relief lasting longer than 2 hours and a left L3-L4, left L4-L5, and left L5-S1 facet joint medial branch block on 8/15/2013 with 70% relief lasting longer than 2 hours. The disputed issues are Norco 7.5/325mg #90, Tramadol/APAP 37.5/325mg #60, and right and left lumbar facet radiofrequency ablation at L4-L5 and L5-S1 with fluoroscopic guidance. A utilization review determination on 9/12/2014 had non-certified these requests. The stated rationale for the denial of Norco 7.5/325mg and Tramadol/APAP was "there are no urine drug screens to verify compliance. There is no functional improvement documented with the use of this opiate. The patient is on a total of three short acting opiates and is taking one essentially every three hours around the clock (based on the way they are prescribed) which is not a standard protocol." The stated rationale for the denial of right and left lumbar facet radiofrequency ablation at L4-L5 and L5-S1 with fluoroscopic guidance was "the last diagnostic blocks were over a year ago. There is no documentation from that time, such as pain diary or immediate follow up visit to verify the doctor's claim of a positive result. Until that is provided, the radiofrequency cannot be established as medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar facet joint radiofrequency nerve ablation at L4-5, L5-S1 with fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Thoracic and Lumbar Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309, also 9792.20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Lumbar radiofrequency nerve ablation is not specifically addressed within the Chronic Pain Medical Treatment Guidelines. Section 9792. 23.5 Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition [2004], Chapter 12) into the MTUS from the ACOEM Practice Guidelines."ACOEM Medical Practice Guidelines, 2nd edition, 2004, Chapter 12 states on page 300: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." More specific guidelines with regard to radiofrequency ablation can be found in the Official Disability Guidelines (ODG) which state that conflicting evidence is available as to the efficacy of lumbar facet joint radiofrequency neurotomy and approval of treatment should be made on a case-by-case basis. The ODG provides the following criteria for use of facet joint radiofrequency neurotomy:(1) Treatment requires a diagnosis of facet joint pain using a medial branch block (MBB). Regarding the MBB, the ODG state: "One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine."(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.(3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blocks, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.In regards to the request for left lumbar facet radiofrequency ablation at L4-L5 and L5-S1 with fluoroscopic guidance, the Utilization Review denied it because the last diagnostic blocks were over a year ago, and there was no documentation from that time, such as a pain diary or an immediate follow up visit to verify the treating physician's claim of a positive result. Therefore the treating physician provided additional information in a medical-legal evaluation report on 9/23/2014. He stated that a fluoroscopically-guided diagnostic left L3-L4, L4-L5, and L5-S1 facet joint medial branch block was done on 8/15/2013 which provided 70% relief for 30 minutes lasting longer than 2 hours with increased range of motion, and the injured worker had a follow up visit on 8/27/2013. Current positive objective findings were consistent with the facet joint pain diagnosis. The treating physician further indicated that that the injured worker failed physical therapy, NSAIDs, and conservative treatments. Therefore, based on the additional

documentation, the request for left lumbar facet joint radiofrequency nerve ablation at L4-5, L5-S1 with fluoroscopic guidance is medically necessary.

Right lumbar facet joint radiofrequency nerve ablation at L4-5, L5-S1 with fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Thoracic and Lumbar Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Lumbar radiofrequency ablation is not specifically addressed within the Chronic Pain Medical Treatment Guidelines. Section 9792. 23.5 Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition [2004], Chapter 12) into the MTUS from the ACOEM Practice Guidelines." ACOEM Medical Practice Guidelines, 2nd edition, 2004, Chapter 12 states on page 300: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." More specific guidelines with regard to radiofrequency ablation can be found in the Official Disability Guidelines (ODG) which state that conflicting evidence is available as to the efficacy of lumbar facet joint radiofrequency neurotomy and approval of treatment should be made on a case-by-case basis." The ODG provides the following criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block (MBB). Regarding the MBB, the ODG state: "One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine." (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blocks, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In regards to the request for right lumbar facet radiofrequency ablation at L4-L5 and L5-S1 with fluoroscopic guidance, the Utilization Review denied it because the last diagnostic blocks were over a year ago and there was no documentation from that time, such as pain diary or immediate follow up visit to verify the treating physician's claim of a positive result. Therefore the treating physician provided additional information in a medical-legal evaluation report on 9/23/2014. He stated that a fluoroscopically-guided diagnostic right L3-L4, L4-L5, and L5-S1 facet joint medial branch block was done on 3/7/2013 which provided 90% relief for 30 minutes lasting longer than 2 hours with increased range of motion, and a follow up visit on 3/26/2013 confirmed the results. Current positive objective findings were

consistent with the facet joint pain diagnosis. The treating physician further indicated that the injured worker failed physical therapy, NSAIDs, and conservative treatments. Based on this additional documentation, the injured worker does meet the ODG criteria for use of facet joint radiofrequency nerve ablation. Therefore the request for right lumbar facet joint radiofrequency nerve ablation at L4-5, L5-S1 with fluoroscopic guidance is medically necessary.

Norco 7.5mg/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): page(s) 44, 47, 75-79, 120.

Decision rationale: The California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend continuation of opioids if there is documentation of improved functioning and pain and if the injured worker has returned to work. The Utilization Review denied the request for Norco 7.5/325mg mg because there was no urine drug screen to verify compliance and there was no functional improvement documented. There was also concern that the injured worker was taking three short acting opiates essentially every three hours around the clock, which is not a standard protocol. Therefore the treating physician provided additional information in a medical-legal evaluation report on 9/23/2014. Regarding pain relief and functional level, the treating physician documented pain level of 6/10 and when Norco was taken with Tramadol/APAP, the medications provided 60% improvement in pain with maintenance of activities of daily living such as self-care and dressing. The injured worker is able to work full-time on modified duty. There is further documentation of a previous UDS on 6/9/2014 that was consistent with no aberrant behaviors and there is an up-to-date pain contract. The treating physician documented that the risks and benefits of opioid use were discussed, including side effects. He also noted that the injured worker is no longer taking Norco 5/325mg. There is sufficient documentation of ongoing monitoring for the continuation of this opioid at this time. Based on the guidelines, the request for Norco 7.5/325mg #90 is medically necessary.

Tramadol Apap 37.5/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 44, 47, 75-79, 120.

Decision rationale: The California Pain Medical Treatment Guidelines state that Tramadol/APAP (Ultracet) is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. However, opioids can be continued if the injured worker has improved functioning and pain and has returned to work. The Utilization Review denied the request for Norco 7.5/325mg mg because there was no urine drug screen to verify compliance and there was no functional

improvement documented. There was also concern that the injured worker was taking three short acting opiates essentially every three hours around the clock, which is not a standard protocol. Therefore the treating physician provided additional information in a medical-legal evaluation report on 9/23/2014. Regarding pain relief and functional level, the treating physician documented pain level of 6/10 and when Tramadol/APAP BID (two times a day) #60 was taken with Norco 7.5/325mg TID (three times a day), the medications provided 60% improvement in pain with maintenance of activities of daily living such as self-care and dressing. The injured worker is able to work full time on modified duty. Regarding evaluation for possible aberrant behavior, there is documentation of a previous UDS on 6/9/2014 that was consistent with no aberrant behaviors and there is an up-to-date pain contract. The treating physician documented that the risks and benefits of opioid use was discussed including side effects. He further noted that the injured worker is no longer taking Norco 5/325mg. There is sufficient documentation of ongoing monitoring for the continuation of this opioid at this time. Based on the guidelines, the request for Tramadol/APAP 37.5/325mg #60 is medically necessary.