

Case Number:	CM14-0029946		
Date Assigned:	06/20/2014	Date of Injury:	01/15/2011
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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 Illinois. 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 51-year-old male who reported an injury on 01/15/2011. The mechanism of injury was not provided within the documentation. It was noted that the injured worker's prior treatments were NSAIDs, physical therapy, and chiropractic therapy. The efficacy of these treatments was noted to have given the injured worker 20% relief with physical therapy and only some relief with chiropractic care. The injured worker's diagnoses were noted to be lumbago and sciatica. The most recent clinical evaluation provided with this review was on 01/16/2014. The injured worker complained of low back and right lower extremity pain. The physical exam of the lumbar spine indicated lumbar facet loading was positive on both sides. Straight leg raise test was positive on the right side in the supine position. Neurological exam findings indicated decreased sensation to the right lateral thigh. The treatment plan included a request for a transforaminal ESI on the right at L5, a request for right and then left L4 and L5 radiofrequency ablation, and to continue Advil as needed. The provider's rationale for the request was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT L4 AND L5 RFA: 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), Pain, Radiofrequency Neurotomies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, FACET JOINT RADIOFREQUENCY NEUROTOMY.

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine indicates that there is no recommendation for or against radiofrequency neurotomy for the treatment of select patients with low back pain. It also states lumbar facet neurotomies reportedly procure mixed results. The Official Disability Guidelines indicate criteria for use of facet joint radiofrequency neurotomies. Treatment requires a diagnosis of facet joint pain using a needle branch block. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. The guidelines continue with no more than 2 joint levels are to be performed at 1 time. If different regions require neural blockade, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Within the documentation provided, there was no indication of a medial branch block. The injured worker does not have a diagnosis of facet joint pain. The provider's request is for 1 right L4 and L5 radiofrequency ablation with a second request for 1 left L4 and L5 after the right side. There was no indication of the timeline between these 2 radiofrequency ablations within the request. The guidelines indicate that these blocks should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. As far as a formal plan for evidence based care in addition to facet joint therapy, the only thing noted in the treatment plan of the evaluation on 01/15/2014 is a discussion about home exercises and diet strategies and continuing with Advil as needed. Therefore, the request for 1 right L4 and L5 radiofrequency ablation is not medically necessary.

1 Left L4 AND L5 (After Right Side): 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), Pain, Radio Frequency Neurotomies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, FACET JOINT RADIOFREQUENCY NEUROTOMY.

Decision rationale: Within the documentation provided, there was no indication of a medial branch block. The injured worker does not have a diagnosis of facet joint pain. The provider's request is for 1 right L4 and L5 radiofrequency ablation with a second request for 1 left L4 and L5 after the right side. There was no indication of the timeline between these 2 radiofrequency ablations within the request. The guidelines indicate that these blocks should be performed at intervals of no sooner than 1 week, and preferably 2 weeks for most blocks. As far as a formal plan for evidence based care in addition to facet joint therapy, the only thing noted in the treatment plan of the evaluation on 01/15/2014 is a discussion about home exercises and diet strategies and continuing with Advil as needed. Therefore, the request for 1 left L4 and L5 (after right side) is not medically necessary.

1 Transforaminal Epidural Steroid Injection on the Right at L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical documents provided indicate that the injured worker had an epidural over 6 months ago with greater than 50% pain relief. However, the documentation did not provide objective pain scales to verify this statement and there was no mention of how long the pain relief lasted. In addition, the documentation did not show evidence of functional improvement or decreased medication use following the injection. Therefore, the request for a transforaminal epidural steroid injection on the right at L5 is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate drug testing is recommended as an option to assess for the use of or presence of illegal drugs. For ongoing management of opioids, urine drug testing is indicated differentiate between dependence and addiction; opioids screening risk of addiction; and opioids steps to avoid misuse or addiction. The injured worker is on Advil as needed. The clinical evaluation on 01/15/2014 indicates a urine drug screen was given to the injured worker and that the results were in compliance. There is no documented reason for another urine drug screen at this time. Therefore, the request for a urine drug screen is not medically necessary.