

Case Number:	CM14-0053708		
Date Assigned:	08/08/2014	Date of Injury:	01/13/1998
Decision Date:	09/24/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 45 year old male who was injured on 1/13/1998. The diagnoses are low back pain and lumbar spondylosis. On 3/28/2014, ██████████ noted subjective complaints of low back pain radiating to the lower extremities. There were associated decreased sensation and dysesthesia. The objective findings were significant for positive facet loading sign. The pain score was 6-7/10 on a scale of 0 to 10. The patient reported significant decrease in pain and decrease in medication utilization following lumbar facet injections. The medications oxycodone, tramadol and diclofenac for pain. A Utilization Review determination was rendered on 4/18/2014 recommending non certification for bilateral L2, L3,L4,L5 rhizotomy, topical cream R4 and modified certification for PT 312 to 10, Tramadol 50mg #60 to #45 and oxycodone 15mg #60 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Radio Frequency Neuroablation L2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Chapter. Low Back pain.

Decision rationale: The CA MTUS guidelines did not address the use of lumbar rhizotomy for the treatment of lumbar facet syndrome. The ODG guidelines recommend radiofrequency ablation of the median nerve branch for patients who reported significant pain relief, increase in ADL and decrease in medication utilization following diagnostic facet injections. The records indicate that the patient reported these beneficial effects. It is recommended that the procedure be limited to 3 levels at each date waiting for 1 week interval to monitor complications before subsequent levels of rhizotomy can be performed. The request is medically necessary.

Bilateral Radio Frequency Neuroablation L3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter Low Back Pain.

Decision rationale: The CA MTUS guidelines did not address the use of lumbar rhizotomy for the treatment of lumbar facet syndrome. The ODG guidelines recommend radiofrequency ablation of the median nerve branch for patients who reported significant pain relief, increase in ADL and decrease in medication utilization following diagnostic facet injections. The records indicate that the patient reported these beneficial effects. It is recommended that the procedure be limited to 3 levels at each date waiting for 1 week interval to monitor complications before subsequent levels of rhizotomy can be performed. The request is medically necessary.

Bilateral Radio Frequency Neuroablation L4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter Low Back Pain.

Decision rationale: The CA MTUS guidelines did not address the use of lumbar rhizotomy for the treatment of lumbar facet syndrome. The ODG guidelines recommend radiofrequency ablation of the median nerve branch for patients who reported significant pain relief, increase in ADL and decrease in medication utilization following diagnostic facet injections. The records indicate that the patient reported these beneficial effects. It is recommended that the procedure be limited to 3 levels at each date waiting for 1 week interval to monitor complications before subsequent levels of rhizotomy can be performed. The request is medically necessary.

Bilateral Radio Frequency Neuroablation L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter Low Back Pain.

Decision rationale: The CA MTUS guidelines did not address the use of lumbar rhizotomy for the treatment of lumbar facet syndrome. The ODG guidelines recommend radiofrequency ablation of the median nerve branch for patients who reported significant pain relief, increase in ADL and decrease in medication utilization following diagnostic facet injections. The records indicate that the patient reported these beneficial effects. It is recommended that the procedure be limited to 3 levels at each date waiting for 1 week interval to monitor complications before subsequent levels of rhizotomy can be performed. The request is medically necessary.

Topical Cream R4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-113.

Decision rationale: The CA MTUS recommend that compound topical preparation can be utilized in the management of chronic neuropathic pain when first-line NSAIDs, anticonvulsants and antidepressants cannot be tolerated or have failed. The records did not indicate that the patient failed first-line medications. The components of the topical compound cream R4 was not specified. The request is not medically necessary.

Physical Therapy to low back QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PT Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) Pain Chapter.

Decision rationale: The CA MTUS guidelines recommend that PT can be utilized to alleviate discomfort, improve range of motion and decrease pain. The records indicate that the patient was approved for 10 PT sessions out of requested 12PT. The approved 10 PT is within the recommended PT schedule. The patient is also undergoing interventional pain procedures and medication management. The request is not medically necessary.

Oxycodone HCL 15 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS recommends that opioids can be utilized during periods of exacerbation of chronic musculoskeletal pain that is non responsive to standard treatment with NSAIDs, PT and non opioid medications. The records indicate that the patient is being weaned from oxycodone while tramadol is being introduced to the treatment regimen. The patient is also utilizing Flexeril and diclofenac. The request is not medically necessary.

Tramadol 50 mg QTY: 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs and PT Page(s): 74-96, 111,113,119.

Decision rationale: The CA MTUS recommend that opioids can be utilized during exacerbation of chronic musculoskeletal pain when standard NSAIDs and PT is not effective. The records indicate that the patient is being weaned off oxycodone medication while tramadol is being started. Tramadol is associated with less opioid sedative and addictive properties. The request is medically necessary.