MAXIMUS Federal Services

Case Number:	CM14-0067284		
Date Assigned:	07/11/2014	Date of Injury:	05/25/2012
Decision Date:	09/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on May 25, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 23, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'6", 178 pound individual who is at a pain level reported to be 5/10 and is noted to be hypertensive (141/88). The injured employee walked with a nonantalgic gait and had a decrease in lumbar spine range of motion. There was tenderness to palpation of the lumbar musculature, and there was full strength and sensation noted in the bilateral lower extremities. Diagnostic imaging studies were not presented. Previous treatment included multiple level lumbar spine decompression, medial branch blocks at multiple levels, multiple medications, physical therapy and pain management interventions. A request had been made for radiofrequency ablation and multiple medications and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation Bilaterally at L3-4 (quantity 2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200 & 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: When noting the date of injury, the type of injury sustained, the surgical interventions and the previous blocks, there is little clinical information demonstrating the efficacy or utility of said treatments. The pain levels are the same, and multiple blocks have recently been completed. As outlined in the MTUS, there is no recommendation for the use of lumbar radiofrequency neurotomy. Furthermore, there is no objective evidence that the facet joints are the pain generators. Therefore, when taking into consideration the treatment rendered and the parameters noted in the MTUS, there is no medical necessity established for this procedure.

Radiofrequency Ablation Bilaterally at L4-5 (quantity 2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200 & 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: When noting the date of injury, the type of injury sustained, the surgical interventions and the previous blocks, there is little clinical information demonstrating the efficacy or utility of said treatments. The pain levels are the same, and multiple blocks have recently been completed. As outlined in the MTUS, there is no recommendation for the use of lumbar radiofrequency neurotomy. Furthermore, there is no objective evidence that the facet joints are the pain generators. Therefore, when taking the consideration the treatment rendered and the parameters noted in the MTUS, there is no medical necessity established for this procedure.

Radiofrequency Ablation Bilaterally at L5-S1 (quantity 2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200 & 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: When noting the date of injury, the type of injury sustained, the surgical interventions and the previous blocks, there is little clinical information demonstrating the efficacy or utility of said treatments. The pain levels are the same, and multiple blocks have recently been completed. As outlined in the MTUS, there is no recommendation for the use of lumbar radiofrequency neurotomy. Furthermore, there is no objective evidence that the facet joints are the pain generators. Therefore, when taking the consideration the treatment rendered

and the parameters noted in the MTUS, there is no medical necessity established for this procedure.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Back Pain - Chronic Low Back Pain Page(s): 68 & 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73 OF 127.

Decision rationale: This NSAID (non-steroidal anti-inflammatory drug) medication is recommended as an option. This is primarily for the treatment of signs and symptoms related to osteoarthritis. When noting the injury sustained and the surgical interventions completed, there is no clinical indication that the pain generator is the osteophyte of the lumbar spine. Furthermore, it is not clear from these records that this medication has demonstrated any efficacy on ongoing pain complaints levels reported. Therefore, based on the clinical information presented and by the parameters noted in the MTUS, this is not medically necessary.

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, & 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of decrease in pain or increase in functionality with the current regimen. As such, this request for Norco is not medically necessary.

Lidoderm patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: This topical preparation is designed to address neuropathic lesions. Inasmuch as there has been a lumbar decompression surgery at multiple levels, it is not clear from these records if there is a neuropathic lesion. Furthermore, the pain levels are unchanged

despite use of this treatment. There is no notation of increased functionality or decrease in symptomatology. As such, the utility or efficacy of this medication has not been established. Thus, when combining the findings noted on physical examination and with the parameters noted in the MTUS, the medical necessity of this preparation has not been established.