

<b>Case Number:</b>	CM14-0075389		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/13/2000
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 44-year-old individual was reportedly injured on November 13, 2000. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated May 9, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'9", 238 pound individual who was hypertensive (154/94). Muscle strength was reported as 5/5. No neurological dysfunction was identified. There was some crepitus in the range of motion reported. Diagnostic imaging studies were not presented. Previous treatment included multiple medications and injection therapies. A request had been made for radiofrequency ablation and medication and was not certified in the pre-authorization process on May 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency neurolysis (ablation) of the medial branch nerves at L5:** Upheld

**Claims Administrator 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 - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** There is no recommendation for or against the use of radiofrequency Neurotomy, Neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. Again, this is for patients with chronic low back pain without radiculopathy, who failed conservative treatments, and who have had a confirmed diagnosis by medial branch blocks. When noting the date of injury, the response to prior treatments, and the current physical examination, there is no clear clinical indication for the medical necessity of this procedure. Therefore, Radiofrequency neurolysis (ablation) of the medial branch nerves at L5 is not medically necessary.

**Norco 10/325 mg, QTY: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**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 improvement in the pain or function with the current regimen. As such, this request for Norco 10/325 mg, QTY: 120 is not medically necessary and appropriate.

**Radiofrequency neurolysis (ablation) of the medial branch nerves at L4: Upheld**

**Claims Administrator 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 - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** There is no recommendation for or against the use of radiofrequency Neurotomy, Neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. Again, this is for patients with chronic low back pain without radiculopathy who failed conservative treatments and who have had a confirmed diagnosis by medial branch blocks. When noting the date of injury, the response to prior treatments, and the current physical examination, there is no clear clinical indication for the medical necessity of this procedure. Therefore, Radiofrequency neurolysis (ablation) of the medial branch nerves at L4 is not medically necessary.

**Radiofrequency neurolysis (ablation) of the medial branch nerves at L3: Upheld**

**Claims Administrator 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 - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** There is no recommendation for or against the use of radiofrequency Neurotomy, Neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. Again, this is for patients with chronic low back pain without radiculopathy who failed conservative treatments and who have had a confirmed diagnosis by medial branch blocks. When noting the date of injury, the response to prior treatments, and the current physical examination, there is no clear clinical indication for the medical necessity of this procedure. Such as, Radiofrequency neurolysis (ablation) of the medial branch nerves at L3 is not medically necessary.

**Radiofrequency neurolysis (ablation) of the medial branch nerves at L2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-3001. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 298-301.

**Decision rationale:** There is no recommendation for or against the use of radiofrequency Neurotomy, Neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. Again, this is for patients with chronic low back pain, without radiculopathy, who failed conservative treatments and who have had a confirmed diagnosis by medial branch blocks. When noting the date of injury, the response to prior treatments, and the current physical examination, there is no clear clinical indication for the medical necessity of this procedure. Therefore, Radiofrequency neurolysis (ablation) of the medial branch nerves at L2 is not medically necessary.