

Case Number:	CM14-0077276		
Date Assigned:	07/18/2014	Date of Injury:	10/04/2004
Decision Date:	09/24/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational 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:

Patient is a 50 year-old male with date of injury 10/04/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/15/2014, lists subjective complaints as low back pain. Objective findings: Examination of the lumbar spine revealed increased pain with extension and rotation. Spasm and guarding in the lumbar spine was noted. Straight leg test was negative. Motor strength and sensation were within normal limits. Diagnosis: 1. Stenosis spinal, lumbar 2. Lumbar disc displacement without myelopathy. Patient previously underwent diagnostic medial branch blocks and reported a decrease in pain from 8-9/10 to 2/10 for three days. Patient also underwent a lumbar epidural steroid injection on 07/19/2011 that gave him 50% pain reduction and improvement in function. The medical records supplied for review document that the patient has been prescribed the following medication for at least as far back as six months. Medications: 1. Lidoderm 5%, #5 SIG: apply one patch every 12hours on/off.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV sedation for level 2 lumbar radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The request for "level 2" lumbar radiofrequency ablation is unclear. Is the request for an ablation at L2, or for 2 lumbar segments? Although the patient meets the criteria for lumbar radiofrequency ablation, the Guidelines recommend IV sedation only if a patient is unable to undergo the procedure due to severe anxiety. The California Labor Code prohibits the Independent Medical Reviewer to modify a request; therefore, due to the lack of Guideline support for IV sedation, and the unclear wording of the request, Level 2 lumbar radiofrequency ablation is not medically necessary.

Lidoderm 5% #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56.

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epileptic drugs (AED) such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The Lidoderm patches are not medically necessary.