

<b>Case Number:</b>	CM14-0131840		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/09/1999
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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(n) 63 year old male, who sustained an industrial injury on 4/9/99. He reported pain in his lower back and bilateral knees related to cumulative trauma. The injured worker was diagnosed as having lumbar spondylosis and osteoarthritis of knee. Treatment to date has included rhizotomy bilaterally at L4-L5 and L5-S1 with 75% pain relief for one year, physical therapy and lumbar facet injections. Current medications include Hydrocodone/APAP since at least 12/19/13. As of the PR2 dated 7/17/14, the injured worker reports chronic low back pain. He rates his pain 5/10. Objective findings include palpable tenderness over the paraspinal muscles overlying the facet joints and trigger points over the lower paraspinals. The treating physician requested to continue Hydrocodone/APAP 5/325mg #90 x 2 refills and rhizotomy bilaterally at L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ APAP 5/325mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/17/14. Therefore, the determination is for non-certification.

**Rhizotomy bilaterally L4-L5 and L5-S1:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Facet joint radiofrequency neurotomy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/17/14 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification.