

Case Number:	CM15-0100897		
Date Assigned:	06/03/2015	Date of Injury:	05/15/2003
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York
Certification(s)/Specialty: Emergency Medicine

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 49 year old male, who sustained an industrial injury on 05/15/2003. According to a progress report dated 11/26/2013 the injured worker presented for a follow up of his radiofrequency ablation bilaterally at L2-3 and L3-4 that was performed on 10/14/2013. The injured worker reported that he received moderate pain relief of 50 percent following the procedure. Pain was in the lower back area into the right hip. Pain was rated 5 on a scale of 1-10. His main problem had been significantly increasing right hip pain for the past 4 weeks. An MRI of the hip showed a near full to full thickness tear in the right gluteus medius tendon. Medication regimen included Percocet 10/325mg up to 4 times per day, Valium and Dilaudid. According to a progress report dated 05/01/2015, the injured worker presented with back pain. Pain was rated 5 on a scale of 1-10. Pain level at its best was 5 and 8 at its worst. Medication regimen included Percocet 10/325mgt 3-4 per day and Valium. The injured worker stated that when he had radiofrequency ablation in the past that he did not need to take any of his medications for approximately 6 months. He also benefitted from trigger point injections in the past. Diagnoses included lumbosacral spondylosis without myelopathy, back pain and erectile dysfunction. Prescriptions were given for Percocet and Valium. The treatment plan included radiofrequency ablation. Currently under review is the request for right L4-5 radiofrequency ablation, left L4-5 radiofrequency ablation, right L5-S1 radiofrequency ablation, left L5-S1 radiofrequency ablation, Percocet and a retro urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 radiofrequency ablation: Upheld

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

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: facet joint radiofrequency neurotomy.

Decision rationale: Ca MTUS is silent on this topic. According to the above referenced guidelines, the efficacy of radiofrequency ablation is under study with little research data to support its use. The published studies have not demonstrated improved function. The guidelines outline specific criteria. The first criteria is for demonstrated facet joint pain through the use of a medial branch block. Additionally, criteria for repeat neurotomies depends on evidence of adequate diagnostic blocks, documented improvement of a VAS score, decreased medication use and improvement in function. The chart has anecdotal report from the IW that previous RFA resulted in decreased pain and analgesia use for several months. However, the chart documentation does not include provider records to support this. There is no VAS score and no documentation of functional improvement resulting from previous treatment. Without this documentation, the request for radiofrequency ablation is not medically necessary.

Left L4-5 radiofrequency ablation: Upheld

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

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: facet joint radiofrequency neurotomy.

Decision rationale: Ca MTUS is silent on this topic. According to the above referenced guidelines, the efficacy of radiofrequency ablation is under study with little research data to support its use. The published studies have not demonstrated improved function. The guidelines outline specific criteria. The first criteria is for demonstrated facet joint pain through the use of a medial branch block. Additionally, criteria for repeat neurotomies depends on evidence of adequate diagnostic blocks, documented improvement of a VAS score, decreased medication use and improvement in function. The chart has anecdotal report from the IW that previous RFA resulted in decreased pain and analgesia use for several months. However, the chart documentation does not include provider records to support this. There is no VAS score and no documentation of functional improvement resulting from previous treatment. Without this documentation, the request for radiofrequency ablation is not medically necessary.

Right L5-S1 radiofrequency ablation: Upheld

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

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: facet joint radiofrequency neurotomy.

Decision rationale: Ca MTUS is silent on this topic. According to the above referenced guidelines, the efficacy of radiofrequency ablation is under study with little research data to support its use. The published studies have not demonstrated improved function. The guidelines outline specific criteria. The first criteria is for demonstrated facet joint pain through the use of a medial branch block. Additionally, criteria for repeat neurotomies depends on evidence of adequate diagnostic blocks, documented improvement of a VAS score, decreased medication use and improvement in function. The chart has anecdotal report from the IW that previous RFA resulted in decreased pain and analgesia use for several months. However, the chart documentation does not include provider records to support this. There is no VAS score and no documentation of functional improvement resulting from previous treatment. Without this documentation, the request for radiofrequency ablation is not medically necessary.

Left L5-S1 radiofrequency ablation: Upheld

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

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: facet joint radiofrequency neurotomy.

Decision rationale: Ca MTUS is silent on this topic. According to the above referenced guidelines, the efficacy of radiofrequency ablation is under study with little research data to support its use. The published studies have not demonstrated improved function. The guidelines outline specific criteria. The first criteria is for demonstrated facet joint pain through the use of a medial branch block. Additionally, criteria for repeat neurotomies depends on evidence of adequate diagnostic blocks, documented improvement of a VAS score, decreased medication use and improvement in function. The chart has anecdotal report from the IW that previous RFA resulted in decreased pain and analgesia use for several months. However, the chart documentation does not include provider records to support this. There is no VAS score and no documentation of functional improvement resulting from previous treatment. Without this documentation, the request for radiofrequency ablation is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81, 86.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on opiate medication for several years. There is not documentation to support significant improvement in pain or function with the use of these medications. In addition, the request does not include dosing frequency or duration for the

requested prescriptions. Without this documentation, CAMTUS guidelines are not supported and the request for opiate analgesia is not medically necessary.

Retro urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80, 94.

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations random drug testing, not at office visits. There are results from one urine drug screens submitted with the records. The results were not discussed by the prescribing provider. The request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS. The request for a retro urine drug screen is not medically necessary.