

Case Number:	CM15-0102360		
Date Assigned:	06/04/2015	Date of Injury:	04/30/2010
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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: Illinois, California, Texas
 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 51-year-old female who sustained an industrial injury on 4/30/10. Injury occurred while she was running downhill with 40 pounds of gear on and felt and heard a loud pop in her back. Past surgical history was positive for left hamstring reconstruction on 1/3/11, left hip arthroscopic labral repair, and left total knee arthroplasty on 5/1/12, and left knee manipulation under anesthesia on 8/2/12. The 7/15/13 lower extremity electrodiagnostic study was reported normal with no evidence for lumbosacral radiculopathy. She underwent right L3 and L4 medial branch and right L5 dorsal ramus radiofrequency ablation in April 2012, on 3/19/13, and on 7/22/14. Records documented the injured worker had more than one year of relief with the first two radiofrequency ablations, and less duration of relief following the third one. Functional benefit was discussed relative to significantly increased activity levels. The 1/29/15 urine drug screen documented the presence of alprazolam, Carisoprodol, and oxycodone, consistent with medication list documented in the 1/29/15 progress report. The 4/16/15 pain management report indicated that the injured worker had changed pain management physicians due to MPN issues. Subjective complaints included right low back and hip pain, and left knee pain. She had prior L4 and L5 radiofrequency ablations bilaterally with good relief, and would like it repeated. She reported grade 8/10 low back pain exacerbated by sitting and standing, and improved with rest and movement. Current medications included Alprazolam, Percocet and Soma. Lumbar spine exam documented right paravertebral muscle tightness, positive right lumbar facet loading, and negative piriformis stretch and straight leg raise. Urine drug screen was performed to assess medication compliance. The diagnosis included lumbago. The injured

worker had greater than 50% pain relief for 6 months from L4 and L5 radiofrequency ablation. Authorization was requested for radiofrequency ablation, right then left, L4/5, and retrospective urine drug screen (date of service 4/16/15). The 4/30/15 utilization review non-certified the request for radiofrequency ablation, right then left, L4/5, as there was no documentation of benefit relative to pain levels, function, or decreased medication use to support the medical necessity of repeat treatment. The request for urine drug screening on 4/16/15 was non-certified as there was no documented history of drug abuse and she had not been prescribed opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation, Right then Left, L4-L5 (lumbar): Overturned

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 - Lumbar & Thoracic (Acute & Chronic) - Facet joint radiofrequency neurotomy.

MAXIMUS 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 & Thoracic: Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have been met. This injured worker presents with increased low back pain, exacerbated by sitting and standing. She has undergone prior L4 and L5 radiofrequency ablation approximately one year apart since 2012 with current report that she achieved greater than 50% benefit for 6 months. Records did not provide VAS pain reduction but there was documentation of improved functional ability sustained for at least 6 months following each radiofrequency ablation. Therefore, this request is medically necessary.

Urine drug screening (retro DOS 4/16/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. It is recommended that patients at low risk for adverse outcomes be monitored randomly approximately every 6 months. Guideline criteria have been met. This injured worker has been prescribed Alprazolam, Soma, and Percocet on a long-term basis. The most recent urine drug screen on 1/29/15 was consistent, however the injured worker has changed pain management providers. A repeat urine drug screen on 4/16/15 is reasonable for the current practitioner to assess medication compliance. Therefore, this request is medically necessary.