

Case Number:	CM15-0018873		
Date Assigned:	02/06/2015	Date of Injury:	02/12/2002
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67-year-old male who reported injury on 02/12/2002. The mechanism of injury was not provided. Prior treatments included medications and physical therapy. The injured worker was noted to have a radiofrequency ablation on 04/19/2013, which was noted to be helpful. The injured worker underwent an anterior posterior approach lumbar fusion with cages in 11/2009. The injured worker had a spinal cord stimulator trial. The documentation of 10/16/2014 revealed the injured worker had significant low back pain and right lower extremity radicular pain which improved with a trial of the spinal cord stimulator. The physical examination revealed the injured worker had tenderness of the paraspinal musculature. There was worsening pain with posterior extension or late rotation to either side. The injured worker had decreased sensation in the right anterior and lateral thigh and leg. Deep tendon reflexes were decreased in the right knee and ankle and the straight leg raise was positive in the lower extremity. The diagnoses included status post lumbar fusion surgery, failed back surgery syndrome, lumbar facet arthropathy, and excellent results after the trial of the spinal cord stimulator. There was no Request for Authorization submitted for the requested radiofrequency neurotomy. The injured worker underwent prior urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy of the medial branch nerves at left L4-L5 and L5-S1 facet joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines recommend, for repeat neurotomies, that the injured worker had documentation of a duration of relief from the first procedure for at least 12 weeks at greater than or equal to 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. Additionally, the 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. Also, there should be a formal plan of additional evidence based conservative care in addition to facet joint therapy. The documentation indicated the injured worker had previously undergone facet injection; however, there was a lack of documentation of duration of relief of at least 50% and objective functional improvement, as well as decreased medications. There was a lack of documentation of a formal plan of additional evidence based conservative care in addition to the facet joint therapy. Given the above and the lack of documentation, the request for Radiofrequency neurotomy of the medial branch nerves at left L4-L5 and L5-S1 facet joints is not medically necessary.

Urine drug screen, provided October 16, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 - 80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens when there are documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had

previously undergone urine drug screens. There was a lack of documentation indicating the injured worker had documented issues of addiction, abuse, or poor control. Given the above, the request for Urine drug screen, provided October 16, 2014 is not medically necessary.