

<b>Case Number:</b>	CM15-0136221		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 4, 2014. In a utilization review report dated June 9, 2015, the claims administrator failed to approve a request for Norco, a lumbar radiofrequency ablation procedure, and a pain management pre-procedure consultation. The claims administrator suggested that the applicant had had previous facet blocks. The claims administrator referenced a May 15, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said May 15, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant had received diagnostic facet blocks, it was suggested, with a few hours of pain relief derived as a result of the same. The applicant was on Norco for pain relief. 5-8/10 low back pain complaints were reported. The applicant did report low back pain radiating to the right lower extremity, it was acknowledged. The applicant was on Norco, Naprosyn, and Flexeril. The applicant exhibited hypersensitivity over the right L4 dermatome, it was reported. The attending provider suggested that the applicant pursue a lumbar radiofrequency ablation procedure for reported facet arthropathy. Norco, Naprosyn, and Flexeril were endorsed while the applicant was given a rather proscriptive 10-pound lifting limitation. The treating provider suggested (but did not clearly state) that the applicant was not working with said limitation in place. The attending provider stated that the applicant's medications were beneficial in terms of reducing the applicant's pain scores but did not elaborate further. Physical therapy and urine drug testing were also sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on the May 15, 2015 progress note at issue. It was not clearly stated whether the applicant was or was not working with a rather proscriptive 10-pound lifting limitation imposed on that date. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Pain management pre-procedural consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The request for a pain management pre-procedure consultation was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for a lumbar radiofrequency ablation procedure. Since that request was deemed not medically necessary, the derivative or companion request for a pain management pre-procedure consultation was likewise not medically necessary.

**Radiofrequency ablation L4-L5 and L5-S1 x 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 347, Table 2: Summary of Recommendations by Low Back Disorder, Radicular Pain Syndromes (including sciatica): not recommended, Radiofrequency neurotomy, neurotomy, and facet rhizotomy (C) Radiofrequency lesioning of the dorsal root ganglia for chronic sciatica (B).

**Decision rationale:** Finally, the request for a radiofrequency ablation procedure of L4-L5 and L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomies reportedly produce "mixed results." Here, the attending provider did not clearly state why facet neurotomies (a.k.a. radiofrequency ablation procedures) were being sought in the face of the tepid ACOEM position on the same. The Third Edition ACOEM Guidelines' Low Back Chapter further notes that radiofrequency neurotomy, facet rhizotomy, and/or radiofrequency lesioning procedures are deemed "not recommended" in the treatment of radicular pain syndromes. Here, the applicant presented on May 15, 2015 reporting complaints of low back pain with associated radiation of pain to the right lower extremity. The applicant exhibited hypersensitivity about the right L4 dermatome. The applicant's clinical presentation, thus, was suggestive or evocative of a lumbar radiculopathy process for which the radiofrequency ablation procedure in question is not recommended, per ACOEM. Therefore, the request was not medically necessary.