

<b>Case Number:</b>	CM15-0136636		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/19/2015
<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: California

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 57 year old male, who sustained an industrial injury on June 25, 2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar post laminectomy syndrome, thoracic and lumbosacral spine neuritis and radiculitis unspecified, degenerative intervertebral disc disease of the lumbar and lumbosacral spine, and lumbago. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, above noted procedure, home exercise program, laboratory studies, medication regimen, physical therapy, injections, trial use of a spinal cord stimulator, epidural injections, use of a single point cane, and use of lumbosacral orthosis. In a progress note dated May 21, 2015 the treating physician reports complaints of chronic, severe low back pain along with right lower extremity pain. Examination reveals decreased reflexes to the bilateral knees and left ankle and an absent reflex to the right ankle; decreased sensation to the right lumbar four, the right lumbar five, and the right sacral one; decreased strength to the right lower extremity; an antalgic gait; abnormal bilateral heel to toe walking; positive straight leg raises bilaterally; bilateral sciatic notch tenderness; decreased range of motion to the lumbar spine; and tenderness to the lumbar paraspinal muscles. The treating physician noted magnetic resonance imaging of the lumbar spine performed on October 24, 2014 that was revealing for lumbar five to sacral one bone spurs, lumbar three to four right foraminal stenosis, and arthritic changes at lumbar two to three. The injured worker's current medication regimen included Baclofen, Valium, Famotidine, Lipitor, and Percocet. The injured worker's pain level was rated a 10 out of 10 without the use of his

medication regimen and was rated a 5 out of 10 with the use of his medication regimen. The treating physician noted that the injured worker's medication regimen assists the injured worker to perform activities of daily living and home exercise program, increases his mobility, improves his quality of life, and provides analgesia relief of pain. The treating physician noted the injured worker to have an 85% relief of pain, functional improvement, along with a decreased medication requirement secondary to medial branch block. The treating physician requested the medications of Baclofen 20mg with a quantity of 90 with 3 refills as needed for spasms and Percocet 10-325mg with a quantity of 180 as needed for pain noting the current use of these medications. The treating physician also requested a lumbar radiofrequency ablation (RFA), but the documentation provided did not indicate the specific reason for the requested procedure.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar radiofrequency ablation (RFA): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 (Acute & Chronic) (updated 07/03/14), Radio-Frequency Ablation.

**Decision rationale:** The requested Lumbar radiofrequency ablation (RFA), is medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages 300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medial branch blocks (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The injured worker has chronic, severe low back pain along with right lower extremity pain. Examination reveals decreased reflexes to the bilateral knees and left ankle and an absent reflex to the right ankle; decreased sensation to the right lumbar four, the right lumbar five, and the right sacral one; decreased strength to the right lower extremity; an antalgic gait; abnormal bilateral heel to toe walking; positive straight leg raises bilaterally; bilateral sciatic notch tenderness; decreased range of motion to the lumbar spine; and tenderness to the lumbar paraspinal muscles. The treating physician has documented that the injured worker to have an 85% relief of pain, functional improvement, along with a decreased medication requirement secondary to medial branch block. The treating physician has documented a positive diagnostic medial branch block, thus establishing the medical necessity for a rhizotomy. The criteria noted above having been met, Lumbar radiofrequency ablation (RFA) is medically necessary.

**Baclofen 20mg #90, 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

**Decision rationale:** The requested Baclofen 20mg #90, 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic, severe low back pain along with right lower extremity pain. Examination reveals decreased reflexes to the bilateral knees and left ankle and an absent reflex to the right ankle; decreased sensation to the right lumbar four, the right lumbar five, and the right sacral one; decreased strength to the right lower extremity; an antalgic gait; abnormal bilateral heel to toe walking; positive straight leg raises bilaterally; bilateral sciatic notch tenderness; decreased range of motion to the lumbar spine; and tenderness to the lumbar paraspinal muscles. The treating physician has documented that the injured worker to have an 85% relief of pain, functional improvement, along with a decreased medication requirement secondary to medial branch block. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 20mg #90, 3 refills is not medically necessary.

**Percocet 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested Percocet 10/325mg #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic, severe low back pain along with right lower extremity pain. Examination reveals decreased reflexes to the bilateral knees and left ankle and an absent reflex to the right ankle; decreased sensation to the right lumbar four, the right lumbar five, and the right sacral one; decreased strength to the right lower extremity; an antalgic gait; abnormal bilateral heel to toe walking; positive straight leg raises bilaterally; bilateral sciatic notch tenderness; decreased range of motion to the lumbar spine; and tenderness to the lumbar paraspinal muscles. The treating physician has documented that the injured worker to have an 85% relief of pain, functional improvement, along with a decreased medication requirement secondary to medial branch

block. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg #180 is not medically necessary.