MAXIMUS Federal Services

Case Number:	CM15-0142484		
Date Assigned:	08/04/2015	Date of Injury:	06/20/2012
Decision Date:	09/04/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This injured worker is a 39-year-old female who sustained an industrial injury on 6/2/0/12. The mechanism of injury was not documented. The 1/22/14 lumbar spine MRI revealed mild retrolisthesis of L4 on L5. At L5/S1, there was a 3-millimeter disc protrusion resulting in effacement of the anterior thecal sac with mild central canal narrowing. There was no definite neural abutment identified. At L4/5, there was a 2-millimeter midline and right paracentral decreased sensation resulting in some abutment of the descending right L5 nerve root. The 4/20/15 procedure note documented medial branch block at L3-L5, correlated with the L4/5 and L5/S1 facets bilaterally with 0.5 ml of 0.5% Marcaine. The 5/8/15 treating physician report indicated that the injured worker was prescribed Tylenol #3 Fexmid 7.5 mg, and Motrin 800 mg. Pain was reported as 7/10 without medications and reduced to grade 4/10 with medications. There was functional benefit to medications that included ability to perform activities of daily living, ability to participate in home exercise program, and ability to work. The 6/3/15 treating physician report indicated that the injured worker underwent bilateral L3-S1 medial branch block that innervates the L4-S1 on 4/20/15 with 80-90% pain relief for one week, and was able to return to the gym and had increased range of motion with no pain on extension. She had current complaints of grade 4-6/10 low back pain with no longer any numbness to the legs. Physical exam documented difficulty performing heel/toe walk due to low back pain, diffuse paraspinal tenderness and spasms, and moderate to severe tenderness over the L4-S1 spinous processes. There was sacroiliac tenderness, and positive Faber's/Patrick, sacroiliac thrust, and Yeoman's tests bilaterally. Kemp's test was positive bilateral. Straight leg raise tests elicited

lower back pain. Farfan's test was positive bilaterally. There was significant loss of lumbar extension and mild loss in all other ranges. She had increased pain with extension and rotation. Lower extremity neurologic exam was within normal limits. The diagnosis was lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. Authorization was requested for bilateral L4-S1 facet rhizotomy and Tylenol #3 300/30 mg #60. The 7/13/15 utilization review non-certified the request for bilateral L4-S1 facet rhizotomy as the provided medical records lack information/procedural note confirming that the injured worker received a medial branch block, guideline-recommend local anesthetic and dosage, and had not received an intra-articular injection as described in a prior review. The request for Tylenol #3 300/30 mg #60 was modified to a one month supply to allow for documentation from the treating physician of specific benefit or alternatively for weaning prior to discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 92.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Tylenol #3 (Tylenol with codeine) for the treatment of chronic pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. This injured worker reports grade 3/10 reduction in pain with current medications, and improvement in activities of daily living, exercise participation, and work ability. The 7/13/15 utilization review did not find evidence of functional improvement with the use of this medication to support on-going use. A one-month supply was certified to allow for documentation of functional benefit or to begin weaning. There is no compelling rationale to support the medical necessity of additional medication certification at this time. Therefore, this request is not medically necessary.

Bilateral L4-S1 facet rhizotomy: 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 Spine.

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. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 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 has persistent non-radicular low back pain. Clinical exam findings were consistent with facet syndrome. She underwent a medial branch blocks consistent with guidelines and obtained 80-90% pain reduction for one week. During that week, she was able to resume normal activities, such as going to the gym. There is evidence of an exercise program. Therefore, this request is medically necessary.