

Case Number:	CM15-0147248		
Date Assigned:	08/10/2015	Date of Injury:	09/04/2008
Decision Date:	09/29/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 66 year old female who sustained an industrial injury on 9-4-08. Diagnoses are rule out bilateral lumbar facet mediated pain, L5 compression fracture, depression secondary to chronic pain, and myofascial pain. Bilateral lumbar medial branch blocks testing L4-L5 and L5-S1 was done on 2-9-15. The physician notes one half hour post procedure, her pain score was zero, she had full ability to extend and rotate at the lumbar spine and marked improvement in her gait, which makes the diagnosis of right lumbar facet pain likely. In a note dated 7-9-15, the treating physician reports chronic low back pain, right more than left with some radiation to the buttocks. She reports neck pain with radiation to the shoulders and reduced range of motion of the right shoulder. Pain is rated at 4 out of 10. An MRI done on 4-20-15 showed a full thickness tear of her supraspinatus tendon and infraspinatus tendon with retraction and severe atrophy of the muscle. There is tenderness to palpation of the bilateral upper trapezius and left parascapular region. Stiffness of range of motion of the cervical spine is noted. Palpation of the lumbar spine reveals tenderness bilaterally of the lumbar facet joints and directly over the lumbar fracture (L5). Lumbar range of motion is painful on extension and flexion. There is mild tenderness bilaterally of the sacroiliac joints with marked tenderness over the bilateral greater trochanters. There is discomfort and popping with bilateral shoulder range of motion. Work status is noted as disabled. No urine drug screen is noted. Previous treatment noted includes 12 chiropractic visits, physical therapy-shoulder, medication, and an MRI of the lumbar spine-5-15-14. The plan is to request an extension for the lumbar radiofrequency, bilaterally at L4-L5 and L5-S1, a consult with an orthopedic surgeon for the shoulder and Oxycodone IR, Hydrocodone-

Acetaminophen, Lidoderm Patch, and Venlafaxine. The requested treatment is bilateral lumbar radiofrequency lumbar L4-L5 quantity of 2, bilateral lumbar radiofrequency lumbar L5-S1 quantity 2, associated surgical services: intravenous sedation, quantity of 2, associated surgical services: fluoroscopy, quantity of 2, associated surgical services: Oxycodone IR 15mg quantity of 120, associated surgical services: Hydrocodone-Acetaminophen 10-325mg for a quantity of 120, associated surgical services: Lidoderm Patch quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Radiofrequency Lumbar L4-L5, Qty 2: Upheld

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 - Facet joint rhizotomies, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/9/15 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is not medically necessary.

Bilateral Lumbar Radiofrequency Lumbar L5-S1, Qty 2: Upheld

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 - Facet joint rhizotomies, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/9/15 demonstrating this formal plan has been contemplated or initiated. Therefore the request is not medically necessary.

Associated Surgical Services: IV (intravenous) sedation, Qty 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: Fluoroscopy, Qty 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: Oxycodone IR (immediate release) 15 mg Qty 120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: Hydrocodone/acetaminophen 10/325 mg Qty 120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: Lidoderm patch Qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.