MAXIMUS Federal Services

Case Number:	CM15-0148274		
Date Assigned:	08/11/2015	Date of Injury:	09/02/2010
Decision Date:	09/15/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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

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 62-year-old male, who sustained an industrial injury on 9-02-2010. The injured worker was diagnosed as having thoracic spondylosis without myelopathy, chronic lumbar radiculopathy, and degeneration of thoracic intervertebral disc. Treatment to date has included diagnostics, radiofrequency ablation of the right T10, T11 and T12 medial branches (T11-12, T12-L1) in 7-2013, home exercise program, and medications. Currently, the injured worker complains of constant pain in the upper lumbar and lower thoracic region on the right and spasm. He reported that low back pain radiated to his posterior calves bilaterally. His pain was currently rated 5-6 out of 10, 2 at best and 7 at worst. He reported pain to the anterior abdomen was resolved. He obtained at least 65-70% pain relief from the morning of the procedure until 8pm the day of the procedure. He was able to sit and stand longer and work full time. His medication use included Zipsor and Ibuprofen. He continued to work full time. Exam noted decreased range of motion in the lumbar spine on flexion and extension. Lower extremity muscle strength was 5 of 5. There was parathoracic-lumbar tenderness at about T11-L1. Right straight leg raise was positive from a sitting position. Spasm was present in the right thoracic paravertebral muscles and local twitch response and pain was detected upon palpation. The treatment plan included repeat radiofrequency ablation right T10, T11, T12 medial branches (T11-12, T12-L1 facet joints) and prescriptions for Ibuprofen, Norco, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation right T10, T11, T12 medical branches (T11-12, LT facet joints): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), criteria for the use of diagnostic blocks for facet "medicated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Neck and Upper Back, Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with pain affecting the upper lumbar and lower thoracic spine. The current request is for Radiofrequency ablation right T10, T11, T12 medical branches (T11-12, LT facet joints). The treating physician report dated 6/18/15 (18B) states, "patient had Radiofrequency ablation of the right T10, T11 and T12 medial branches (T11-12, T12-L1 facet joints) on 7/13/2013 and he received 75-80% relief for at least 8-10 months. He is currently getting moderately severe spasms every day while he is working and at home. He is currently grunting through his pain while sitting in front of me. I will obtain authorization for this procedure, for it will help him get through his work day." The MTUS guidelines do not address radiofrequency ablation. However, ODG guidelines provide specific criteria for this procedure. The criteria for facet joint radiofrequency neurotomy states no more than 2 levels are to be performed at one time. There also should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. For repeat RF ablation, 50% reduction of pain lasting at least 12 weeks are required. In this case, the patient has had 80% relief from previous RF ablation procedure. The current request is medically necessary.

Tizanidine (Zanaflex) 2mg 2 tabs BID PRN Dispense 120 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the upper lumbar and lower thoracic spine. The current request is for Tizanidine (Zanaflex) 2mg 2 tabs BID PRN Dispense 120 with no refills. The sole treating physician report provided dated 6/18/15 (18B) offers no rationale for the current request. The MTUS Guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. In this case, while the patient does present with lumbar and thoracic spine pain accompanied with spasms, the treating physician does not discuss efficacy as there is no discussion of how this medication has been helpful with pain and function. MTUS page 60 requires that the physician record pain and function when medications are used for chronic pain. The current request is not medical necessary.