

Case Number:	CM15-0196339		
Date Assigned:	10/12/2015	Date of Injury:	04/06/2002
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 55 year old female, who sustained an industrial injury on 4-06-2002. The injured worker was diagnosed as having bilateral lumbar facet joint arthropathy at L4-5 and L5-S1, lumbar facet joint arthropathy, bilateral lower extremity weakness, bilateral L3-4 and L4-5 facet joint pain-arthropathy, status post fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation, severe right stenosis at L5-S1, small annular disc bulge at L4-5, lumbar post laminectomy syndrome, lumbar sprain-strain, post-surgical epidural fibrosis bilaterally at L5-S1, status post L5-S1 fusion, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, cervical radiculopathy, cervical stenosis, decreased sleep secondary to pain, and gastroesophageal reflux disease. Treatment to date has included diagnostics, L5-S1 fusion surgery in 2005, hardware removal in 2006, fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation on 11-17-2014 (reported 75% relief of axial low back pain on 12-02-2014, 2-10-2015, and 5-05-2015), and medications. Currently (9-03-2015), the injured worker complains of "aggravated axial low back pain", not rated. She reported 90% spasm improvement with Flexeril use 2-3 times per week as needed. A letter from Utilization Review dated 9-17-2015 was noted for authorization of Flexeril 5mg #20. The use of Flexeril 5mg was noted since at least 8-04-2015 visit. Current medications were noted as Flexeril, Zoloft, Ativan, medicinal marijuana, and Prilosec. Prior medications included Lidoderm patch, Flector patch, Vicodin, Norco, Valium, Ambien, and Gabapentin. Objective findings included tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L3-4 and L4-5 facet joints, range of motion restricted in all directions, with extension more

painful than flexion, positive bilateral lumbar facet joint provocative maneuvers, lumbar spasms, and 4+ of 5 strength in the bilateral tibialis anterior, bilateral extensor hallucis longus, bilateral peroneals, and bilateral gastrocnemius. Nerve root tension signs were absent. The treating physician documented "failed physical therapy, NSAIDs, and conservative treatments". Work status remained "permanently disabled". Function with activities of daily living was not described. Per the Request for Authorization dated 9-03-2015, the treatment plan included 1 repeat fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation and Flexeril 5mg #20, non-certified by Utilization Review on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 repeat fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back (Lumbar and Thoracic) (Acute and Chronic) 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 - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The current request is for 1 repeat fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation. Treatment to date has included diagnostics, L5-S1 fusion surgery in 2005, hardware removal in 2006, fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation on 11-17-2014, physical therapy and medications. The patient is permanently disabled. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Per report 09/03/15, the patient presents with tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L3-4 and L4-5 facet joints, restricted ROM in all directions, positive bilateral lumbar facet joint provocative maneuvers, lumbar spasms, and 4+ of 5 strength in the bilateral lower extremities. The patient underwent a bilateral L3-L4 and bilateral

L4-L5 facet joint radiofrequency nerve ablation on 11/17/14, and continually reported 75% relief of axial low back pain until 05/05/15. Repeat injections are supported by ODG, as long as they do not occur at an interval of less than 6 months from the first procedure, and there should be documented pain relief for at least 12 weeks at 50% relief. In this case, the initial injection from 11/14/14 produced 75% pain relief for 6 months. Therefore, the requested repeat injection is supported by ODG, and is medically necessary.

1 prescription of Flexeril 5 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The current request is for 1 prescription of Flexeril 5 MG #20. Treatment to date has included diagnostics, L5-S1 fusion surgery in 2005, hardware removal in 2006, fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation on 11-17-2014, physical therapy and medications. The patient is permanently disabled. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per report 09/03/15, the patient presents with tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L3-4 and L4-5 facet joints, restricted ROM in all directions, positive bilateral lumbar facet joint provocative maneuvers, lumbar spasms, and 4+ of 5 strength in the bilateral lower extremities. The treater recommended a refill of Flexeril. MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 08/21/15, which exceeds the 2 to 3 week recommended by MTUS Guidelines. Therefore, the requested Flexeril is not medically necessary.