MAXIMUS Federal Services

Case Number:	CM15-0206960		
Date Assigned:	10/23/2015	Date of Injury:	02/10/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/21/2015

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 35 year old male who sustained an industrial injury on 02-10-2014. According to a progress report dated 09-23-2015, the injured worker report chronic low back pain and leg pain. Intensity of pain without medication was rated 10 on a scale of 1-10 and with medication was rated 6. Facet injection helped him by over 60%, "lasting for month". The provider noted that the injured worker was not taking narcotics. Medications listed included Percocet (denied), Flexeril (denied) and Ibuprofen. Current medications were listed as "none". Allergies included Naproxen. Physical examination of the lumbar spine demonstrated severe pain and spasms across lumbosacral area, left greater than right with 50% restriction of flexion 30% with extension and 50% restricted with lateral bending. Straight leg raise was negative bilaterally. Intense positive facet loading maneuvers was noted. MRI of the lumbar spine performed on 04-03-2014 showed L3-4 disc protrusion with annular tear, L4-5 disc herniation left paracentral displacing the L5 nerve root to the left. The spinal canal was narrowed. Diagnoses included degeneration of lumbar intervertebral disc, lumbar radiculopathy, lumbar sprain, low back strain and osteoarthritis of spinal facet joint. The treatment plan included left L4-5 radiofrequency rhizotomy and continued coverage of chronic pain medication maintenance regimen. An authorization request dated 09-23-2015 was submitted for review. The requested services included radiofrequency rhizotomy, Ultram, Flexeril and Ibuprofen. On 10-09-2015, Utilization Review non-certified the request for Radio-frequency rhizotomy at left L4, L5, ALAR, and S1 and Flexeril 10 mg 1 by mouth three times a day #90 and authorized the request for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio-frequency rhizotomy at left L4, L5, ALAR, and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute (20th annual edition) 2015, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter: Face joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Facet joint radiofrequency neurotomy.

Decision rationale: As per MTUS ACOEM guidelines, radio frequency ablation neurotomy is mostly indicated in cervical disc disease; however, there are criteria for use in lumbar disc disease. It may be considered after diagnostic nerve blocks show improvement in pain. Patient has not received a diagnostic nerve block. Patient received some unknown injection with claimed benefit. Documentation shows request for diagnostic facet blocks. Official Disability Guidelines do not recommend more than 2 levels. Due to failure to attain diagnostic block and excessive levels to be treated, radiofrequency rhizotomy is not medically necessary.

Flexeril 10mg 1 po tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least several months. The number of tablets is not consistent with short-term use. Cyclobenzaprine is not medically necessary.