MAXIMUS Federal Services

Case Number:	CM15-0207952		
Date Assigned:	10/26/2015	Date of Injury:	03/05/2012
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male injured worker suffered an industrial injury on 3-5-2012. The diagnoses included lumbar stenosis, severe multilevel spondylosis, and post-laminectomy syndrome. On 10-12-2015, the provider reported low back pain that radiated to the hips and buttocks and down the left posterior leg and foot. He had a recent lumbar medical branch block and had 70% to 80% relief for 4 hours. The pain was rated 5 out of 10. He reported episodic muscle spasms and twitching with no improvement with Robaxin. He currently used Meloxicam and Percocet. On exam there was lumbar tenderness. The progress note indicated the ablation request was for L4-5 and L5-S1 region. The Baclofen was ordered for a trial for spasms secondary to chronic myelopathic symptoms. Prior treatments included L1-4 hemilaminectomy, medical facetectomy, internal hemilaminectomy and left L4-5 microdiscectomy and physical therapy. Utilization Review on 10-16-2015 determined non-certification Radiofrequency ablation Bilateral L3, L4, L5 and Baclofen tablet 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation Bilateral L3, L4, L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Facet Joint Radiofrequency Neurotomies.

Decision rationale: MTUS Guidelines do not adequately address this issue. ODG Guidelines address this issue in detail and provide support for the facet neurotomies if there is an adequate temporary response to medical branch blocks. The reported response to the facet blocks was adequate to support a trial of the neurotomy. A 3 level facet block is necessary to perform a neurotomy on two joint levels due to the dual innervation of the facets. The request for the Radiofrequency ablation Bilateral L3, L4, L5 is supported by Guidelines and is medically necessary.

Baclofen tablet 10mg #60: Overturned

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

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

Decision rationale: In general MTUS Guidelines do not support the long term use of muscle relaxants; however a short term trial is supported with longer term use limited to periodic use during acute flare-ups. In addition, the Guidelines allow for a trial and possible exceptional use with neuropathic pain. Under these circumstances, a trial of Baclofen table #60-10mg is supported by Guidelines and is medically necessary.