

Case Number:	CM15-0211039		
Date Assigned:	10/29/2015	Date of Injury:	07/18/2010
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 18, 2010. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve requests for lumbar radiofrequency ablation procedures and Orphenadrine (Norflex). The claims administrator referenced a September 30, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On October 28, 2015, the attending provider appealed the previously denied lumbar radiofrequency ablation procedures. The attending provider stated that the applicant had had earlier medial branch blocks on September 4, 2015, which had demonstrated some pain relief. The attending provider stated in one section of the note that the applicant had no radicular pain complaints, while reporting "low back and right lower extremity pain" toward the top of the note. The applicant's work status was not detailed. Multilevel cervical radiofrequency ablation procedures were sought. Amrix was renewed. The applicant was using Norflex, tramadol, Aricept, Frova, Adderall, Cymbalta, and Amrix, it was stated in another section of the note. The applicant had reportedly ceased smoking, the treating provider stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 radio frequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 620.

Decision rationale: No, the request for a right L4-L5 lumbar radiofrequency ablation procedure was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that facet neurotomies (AKA lumbar radiofrequency ablation procedures) should be performed only after appropriate investigation involving diagnostic medial branch blocks, this recommendation is, however, qualified by a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes that there is no recommendation for or against the usage of radiofrequency neurotomy or radiofrequency ablations procedures for applicants who do not have radiculopathy who have failed conservative treatment. Here, however, the applicant was described as having a chief complaint of "low back and right lower extremity pain," the treating provider reported on October 28, 2015, arguing against the need for the lumbar radiofrequency ablation procedure in question. Therefore, the request is not medically necessary.

Left L4-L5 radio frequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 620.

Decision rationale: Similarly, the request for a left L4-L5 lumbar radiofrequency ablation procedure was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomies (AKA radiofrequency ablation procedures) should be performed only after appropriate investigations involving diagnostic medial branch blocks, this recommendation is, however, qualified by a more updated Medical Treatment Guideline (MTG) in the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes that there is no recommendation for or against the usage of radiofrequency neurotomy or radiofrequency ablations procedures for applicants with chronic low back pain who do not have radiculopathy. Here, as with the preceding request, an October 28, 2015 office visit was notable for commentary to the fact that the applicant carried a chief complaint of "low back and right lower extremity pain," effectively arguing against the need for the radiofrequency ablation procedure at issue. Therefore, the request is not medically necessary.

Orphenadrine 100mg qty: 240: Upheld

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: Finally, the request for Orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex (Orphenadrine) are recommended with caution as a second-line option to combat acute exacerbations of chronic low back pain, here, however, the 240-tablet supply of Orphenadrine (Norflex) at issue implied chronic, long-term, and multiple times daily usage of Norflex (Orphenadrine), i.e., usage which was at odds with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.