

Case Number:	CM15-0211554		
Date Assigned:	10/30/2015	Date of Injury:	01/27/2014
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/28/2015

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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 27, 2014. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve requests for multi-level lumbar rhizotomies along with a referral to pain management. The claims administrator referenced an October 6, 2015 office visit and an associated October 15, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said October 6, 2015 office visit, difficult to follow, considerably blurred as a result of repetitive photocopying and faxing, the applicant reported ongoing issues with chronic low back pain. The applicant had received multiple prior lumbar rhizotomy procedures and facet blocks over the course of the claim, the treating provider acknowledged. The applicant was apparently still using Norco for pain relief, the treating provider acknowledged. The applicant was given various diagnoses, including those of chronic lumbosacral strain, herniated lumbar intervertebral disk, spinal stenosis, and spondylolysis. The attending provider noted that the applicant had had recent electrodiagnostic testing demonstrating mild right L5 and mild right S1 radiculopathy with superimposed demyelinating sural sensory neuropathy. The treating provider stated that the applicant was not a candidate for surgical intervention. Lumbar rhizotomy procedures and a pain management referral were endorsed by the requesting provider, an orthopedic spine surgeon. Permanent work restrictions imposed by an Agreed Medical Evaluator (AME) were renewed. It was not clearly stated whether the applicant was or was not working with said limitation. On an

Agreed Medical Evaluation (AME) dated August 25, 2015, the AME contended that the applicant required total temporal disability as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient RF rhizotomies from L2 to the sacrum: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for outpatient lumbar rhizotomies from L2 to the sacrum was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomies should be performed only after appropriate investigation involving diagnostic medial branch blocks. Here, however, the October 6, 2015 office visit made no explicit mention of the applicant's having had precursor diagnostic medial branch blocks. It did not appear, in short, that the applicant's pain complaints were clearly facetogenic in nature, the requesting provider acknowledged on October 6, 2015 that the applicant had an electrodiagnostically-confirmed lumbar radiculopathy with a superimposed sural sensory neuropathy. An Agreed Medical Evaluator (AME) noted on August 25, 2015 that the applicant carried various diagnoses, including "radiculopathy, right lower extremity, documented on EMG/nerve conduction study." It was not clearly stated why a radiofrequency rhizotomy procedure was sought in the lumbar radiculopathy context present here. The request in question, moreover, represented a request for a repeat radiofrequency rhizotomy procedure, as the requesting provider acknowledged on October 6, 2015 that the applicant had had multiple such procedures over the course of the claim. However, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, an Agreed Medical Evaluator (AME) reported on August 25, 2015. The applicant remained dependent on opioid agents such as Norco, the requesting provider acknowledged on October 6, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier radiofrequency rhizotomy/facet neurotomy procedures over the course of the claim. Therefore, the request for a repeat radiofrequency rhizotomy procedure is not medically necessary.

Referral with pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 5, Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Conversely, the request for a referral to pain management was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the practitioner to reconsider the operating diagnosis to determine whether a specialist evaluation was necessary. Here, the requesting provider, an orthopedic spine surgeon, seemingly stated on October 6, 2015 that the applicant was not a candidate for surgical intervention and suggested that the applicant follow up with a pain management physician to formulate other treatment options. This was indicated, given the applicant's persistent pain complaints, failure to respond favorably to conservative treatment, etc. Obtaining the added expertise of a pain management physician was, thus, indicated on several levels, including potentially for medication management and/or disability management purposes. Therefore, the request is medically necessary.