

Case Number:	CM15-0219137		
Date Assigned:	11/12/2015	Date of Injury:	01/26/2007
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59-year-old male who sustained an industrial injury on 1/26/07. The mechanism of injury was not documented. Conservative treatment had included bilateral sacroiliac joint injection, epidural steroid injections, physical therapy, medications, and activity modification. The 5/30/12 lumbar spine MRI impression documented at minimal broad-based disc bulge at L3/4 with mild ligamentum flavum hypertrophy and facet arthropathy. There was no central canal stenosis and mild bilateral neuroforaminal stenosis. At L4/5, there was a broad-based disc bulge and mild facet arthropathy. There was a small annular fissure in the left paracentral/lateral aspect of the L4/5 disc and mild right neuroforaminal stenosis. At L5/S1, there was a broad-based disc bulge with unremarkable facet joints. Left L5 and S1 medial branch/dorsal ramus blocks were performed on 5/21/15 with greater than 40% relief documented in the procedure report. The 10/6/15 treating physician report indicated that injured worker had low back pain radiating into the left anterior quadriceps region. Pain was worse with prolonged standing, walking, lifting, rotating, and bending. He had a medial branch block in May 2015 with 40% reduction in pain. He was currently doing better with massage. He accommodated his back pain by leaning forward. Medications including Lidoderm patch, amitriptyline, and Tylenol #3 reduced his pain from 8/10 to 0/10. Neurontin helped decrease the dysesthesias into his left anterior thigh and inguinal region. Lumbar spine exam documented a forward list, positive straight leg raise on the right, positive Kemp's on the left, and normal lower extremity motor strength. There was moderate pain and spasms over the L4/5 and L5/S1 segments, greater on the left. Range of motion was restricted and painful. The diagnosis was sacroiliac arthralgia, lumbar

disc injury, lumbar facet arthralgia, and left sciatica. Authorization was requested for radiofrequency ablation to left L5/S1 and continued Elavil 10mg #60 with 6 refills. The 10/21/15 utilization review non-certified the request for left L5/S1 radiofrequency ablation as the diagnostic medial branch blocks did not provide at least 70% reduction in pain consistent with guideline criteria for radiofrequency ablation. The request for Elavil (amitriptyline) 10 mg #60 with 6 refills was modified to Elavil 10 mg #60 with one refill as the injured worker had a follow-up visit with the prescribing physician in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation left L5-S1-one time: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Facet Joint Radiofrequency Neurotomy.

MAXIMUS 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, Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with low back pain radiating into the left anterior quadriceps region. The left L5/S1 medial branch block in May 2015 provided 40% reduction in pain. There is no evidence that evidenced based conservative care is planned. There is no compelling rationale to support the medical necessity of radiofrequency ablation when the diagnostic medial branch blocks did not provide greater than 70% relief to confirm the diagnosis of facet joint pain. Therefore, this request is not medically necessary.

Elavil 10mg quantity 60 with six refills: Upheld

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

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

Decision rationale: The California MTUS recommend the use of tricyclic anti-depressant, like Amitriptyline, as a first line option for neuropathic pain and a possibility for non-neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Guideline criteria have been met for continued use of Elavil. This injured worker has neuropathic pain with significant pain reduction with the current medication regime. However, a seven month prescription of this medication is not consistent with guidelines relative to on-going assessment of treatment efficacy. The 10/21/15 utilization review modified this request to Elavil 10 mg #60 with one refill. There is no compelling rationale to support the medical necessity of additional medication certification at this time. Therefore, this request is not medically necessary.