

Case Number:	CM15-0051508		
Date Assigned:	03/24/2015	Date of Injury:	11/02/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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: Montana

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 47-year-old female injured worker suffered an industrial injury on 11/02/2012. The diagnoses included cervical radiculopathy/degenerative disc disease and lumbar spondylosis without myopathy. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with medications and favorable response to diagnostic lumbar facet medical branch blocks and radiofrequency ablation. On 3/10/2015, the treating provider reported daily low back pain 7/10 with tenderness and reduced range of motion. The treatment plan included repeat right L3-4 facet radiofrequency ablation, right L5 dorsal ramus radiofrequency ablation, and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 facet radiofrequency ablation: Overturned

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 ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint RF neurotomy.

Decision rationale: The MTUS notes that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar face neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG guidelines note that, while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at > 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this case the medical records do document >50% pain relief that was still effective, though diminishing, 12 weeks later. I am reversing the prior UR decision. The request for right L3-4 facet radiofrequency ablation is supported by the guidelines and is medically necessary.

Right L5 dorsal ramus radiofrequency ablation: Overturned

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 ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint RF neurotomy.

Decision rationale: The MTUS notes that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar face neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG guidelines note that, while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at > 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. These guidelines primarily address facet RF neurotomies with L5 dorsal ramus ablation not specifically addressed. In this case, pain relief was obtained with a combination of both types of ablations. The medical records do document >50% pain relief that was still effective, though diminishing, 12 weeks later. This relief was obtained with right L3-4 radiofrequency ablation and right L5 dorsal ramus ablation. I am reversing the prior UR decision. The request for right L5 dorsal ramus radiofrequency ablation is supported by the guidelines and is medically necessary.

Baclofen 10mg tablets qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers, Anti-spasticity drugs, Baclofen Page(s): 63-64.

Decision rationale: The MTUS notes that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. Efficacy does appear to diminish over time. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Baclofen is an antispasticity drug used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007) Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. Dosing: Oral: 5 mg three times a day. Upward titration can be made every 3 days up to a maximum dose of 80 mg a day. (See, 2008). In this case, the records show that baclofen has been used at least since October 2014. This clearly exceeds the MTUS recommendation for short-term use. The request for baclofen 10 mg #60 is not medically necessary.