

Case Number:	CM15-0054656		
Date Assigned:	03/30/2015	Date of Injury:	11/01/1991
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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 injured worker is a 65-year-old male who sustained an industrial injury on 11/1/91. The injured worker reported symptoms in the back, right buttock and right lower extremity. The injured worker was diagnosed as having lumbar spondylosis, neuropathic pain, insomnia and chronic continuous use of opioids. Treatments to date have included physical therapy, heat, ice, massage, activity modification, nonsteroidal anti-inflammatory drugs and oral pain medication. Currently, the injured worker complains of pain in the back, right buttock and right lower extremity. The plan of care was for medication prescriptions, radiofrequency ablation and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 12 months. Norco 5/325mg #75 is not medically necessary.

1 Radiofrequency ablation on the left at L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: According to the Official Disability Guidelines, the criteria for use of facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using a medial branch block, and facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. Radiofrequency ablation on the left at L3-L5 is not medically necessary.