

Case Number:	CM15-0055175		
Date Assigned:	03/30/2015	Date of Injury:	05/04/2006
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
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: New York

Certification(s)/Specialty: Neurological 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:

The injured worker is a 60-year-old male, who sustained an industrial injury on 5/4/06. He reported low back injury. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, sacroiliitis and long-term use of other medications. Treatment to date has included physical therapy, massage therapy, chiropractic treatment, acupuncture, home exercise program, narcotics and NSAIDS. Currently, the injured worker complains of back pain, improved following articular facet blocks. Upon physical exam dated 2/5/15, facet tenderness is present on left lumbar spine at L1, 2 and 3 and range of motion of lumbar spine is decreased due to pain. The current treatment plan included urine drug screen, medication refills of Norco and Tramadol and a medial branch block. The injured worker noted significant relief from previous facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, opioids On going management; opioids steps to avoid misuse/addiction Page(s): 43,94,77.

Decision rationale: The California MTUS guidelines do recommend urine drug screens in the management of patients with chronic pain. The guidelines recommend obtaining drug screens to assess the use and presence of drugs. They recommend obtaining a drug screen to assess the presence of illegal drugs. Therefore, this request is medically necessary.

Radiofrequency ablation on the left at L3, L4, L5, S1: Upheld

Claims Administrator 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- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (acute and chronic) (updated 04/15/15) Facet Joint radiofrequency neurotomy.

Decision rationale: The ODG guidelines note that Radiofrequency ablation (RFA) is under study, noting that the mean duration of relief of pain is about 10-12 months. In a recent study 68.4% of patients reported good to excellent pain relief at 6 months. The criteria for use of RFA recommend there should be an interval of at least six months between procedures. No more than joint levels should be performed at one time. The requested treatment asks for authorization of four levels. This requested treatment: Radiofrequency ablation on the left at L3, L4, L5, and S1 Is NOT medically necessary and appropriate.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids- Initiating therapy; ongoing management Page(s): 77,78.

Decision rationale: The California MTUS guidelines recommend only one analgesic at a time is initiated. This request is for two different narcotics. The guidelines recommend the lowest possible dose be prescribed to improve pain and function. Documentation is not supplied which shows this action. The patient's diagnosis is lumbosacral spondylosis. Narcotics are not recommended as a first line medication for this. Therefore, this request is not medically necessary.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids- Initiating therapy; ongoing management Page(s): 77,78.

Decision rationale: The California MTUS guidelines recommend only one analgesic at a time is initiated. This request is for two different narcotics. The guidelines recommend the lowest possible dose be prescribed to improve pain and function. Documentation is not supplied which shows this action. The patient's diagnosis is lumbosacral spondylosis. Narcotics are not recommended as a first line medication for this. Therefore, this request is not medically necessary.