

Case Number:	CM15-0057765		
Date Assigned:	04/02/2015	Date of Injury:	09/16/2011
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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: 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:

The injured worker is a 39-year-old male, who sustained an industrial injury on September 16, 2011. He reported mid and low back pain. The injured worker was diagnosed as having lumbar myoligamentous strain/sprain, lumbar disc bulge and lumbar facet arthropathy. Treatment to date has included radiographic imaging, diagnostic studies, bilateral thoracic and lumbar facet radiofrequency ablations, physical therapy, pain injections and work restrictions. Currently, the injured worker complains of continued mid and low back pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 31, 2014, revealed increasing pain after significant relief for over a year with the previous ablation. Evaluation on January 23, 2015, revealed improvement of symptoms with bilateral thoracic diagnostic blocks. He reported 6/10 intermittent pain. Lumbar (L) percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy at L4-5 and L5-sacral (S)1 medial branches on the left side and a urinary drug screen was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy at L4-5 and L5-S1 medial branches on the left side: 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, Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 1/31/14 demonstrating this formal plan has been contemplated or initiated. Therefore, the request is not medically necessary.

Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 94-95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, Opioids, steps to avoid misuse/addiction. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. In this case, the exam note from 1/23/15 demonstrates insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. In addition, multiple drug screens were obtained in the cited records. Therefore, the request is not medically necessary.