

<b>Case Number:</b>	CM15-0062619		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	08/19/2008
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 64 year old female, who sustained an industrial injury on August 19, 2008. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral spine intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbosacral spondylosis without myelopathy, and status post lumbar laminectomy at lumbar 3-5. Treatment to date has included MRI, x-rays, electrodiagnostic studies, physical therapy, epidural steroid injections with long lasting relief of her radicular pain, urine drug screening, anti-epilepsy medication, and pain medication. On January 5, 2015, she underwent a medial branch block of the right lumbar 3, lumbar 4, and lumbar 5, which resulted in 3 hours of complete relief of lumbar and referred pain on the right and then her pain began to slowly return. On March 17, 2015, the injured worker complains of continued, constant right low back pain that occasionally radiating into her right thigh. The pain is described as aching, sharp, throbbing, pressure, and burning. Associated symptoms include bilateral legs and left hand pins and needles sensation. Her current pain level is 6/10. Her pain level over the past week is 8/10. She has had 60% pain relief with medications or treatment over the past week. She is currently disabled. The physical exam revealed lumbar range of motion with pain with radiation into her right thigh, no right thigh numbness or paresthesias, and negative straight leg raise and Patrick's testing bilaterally. The treatment plan includes a request for a medial branch radio frequency ablation of the right lumbar 3, lumbar 4, and lumbar 5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch radio frequency ablation right L3, L4, and L5: Overturned**

**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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block.

**Decision rationale:** CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet rhizotomy. (1) Treatment requires a diagnosis of facet joint pain using a medial branch block in which a 70 % reduction pain that lasts for at least two hours is obtained. (2) 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. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the pain relief from the medial branch block was reported to be from a VAS of 6/10 to 0/10 which is a greater than 70 % decrease in pain. The relief lasted for at least 2 hours. Medial branch radiofrequency ablation L3, L4, L5 is medically necessary.

**Norco 10/325 mg, sixty count with no refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.