

Case Number:	CM13-0040489		
Date Assigned:	12/20/2013	Date of Injury:	02/12/2012
Decision Date:	03/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66-year-old who sustained an injury on 02/12/02. Mechanism of injury was not documented. According to Primary Treating Physician's Progress Report dated 08/23/13 by [REDACTED], the patient complained of 9/10 level of low back pain and right lower extremity radicular pain. It was documented that the medications currently prescribed were helpful in decreasing pain levels from 9/10 to 5/10. Onset of action of Oxycontin was noted as moot as it provided continuous release of medication. Dosing was every 12 hours, so duration of action was 12 hours. Norco was used as needed for breakthrough pain, which occurred depending on a number of factors such as activity levels, weather and psychological factors. Onset of action of the Norco was 30-40 minutes and duration of action was 4-6 hours as evidenced by the dosing regimen Lyrica reduced the patient's neuropathic pain significantly. It was difficult to gauge onset of action since the patient was on continuous TID dosing. Medication regimen provided functional gains in that they substantially assist activities of daily living and restorative sleep. In addition, the pain relief provided by the medications improved the patient's psychological health and enhanced interpersonal relationships with the patient's wife, family and friends. All of the functional gains combined to improve quality of life for patient with failed back surgery syndrome. The only reported medication side effect was heartburn. On examination, the patient was noted "overweight". Gait was no normal and no limp. The patient ambulated with no assistive devices. Lumbar spine examination revealed tenderness of the transverse process on the right at "L" and the transverse process on the left at L4. Soft tissue palpation on the right demonstrated tenderness of the anterior abdominal muscles Soft tissue palpation on the left demonstrated increased pain with extension. Or with tilt or rotation back to the Left. Active range of motion was rotation to the left and right at 45 degrees, extension at 90 degrees, and lateral flexion to the left at 30 degrees. Motor strength was 5/5, bilaterally. On neurological examination, ankle and knee reflexes were diminished bilaterally. On the right, sensation was decreased in the upper (L2) and lower thigh (L3) and anterior thigh. Straight leg

raise was positive on the right. The patient was diagnosed with: (1) disc disease, lumbar, 722.10; (2) thoracic or lumbosacral neuritis or radiculitis; unspecified, 724.4; (3) facet syndrome; (4) lumbosacral spondylosis without myelopathy, 721.3; (5) lumbago, 724.2; (6) spinal stenosis; other than cervical; lumbar region; without neurogenic claudication, 724.02; (7) spondylolisthesis, 756.12; and (8) post laminectomy syndrome; lumbar region, 722.83. Treatment plan documented that the continued to have to have low back pain, and lower extremity neuropathic right lower extremity pain, but the pain was not as severe as it was on the last visit. A component of the pain was due to failed back surgery syndrome, neuropathic changes, for which spinal cord stimulation (SCS) had been shown to greatly help some patients. Hence, a trial of SCS was noted as indicated, which would help with the right lower extremity pain, and most likely also with the low back pain. A portion of the low back pain was potentially due to facet disease above the fused levels, and the first facet injections were greatly helpful, at left L2-3 and L3-4 (date of procedure was not documented). Confirmatory nerve blocks on 01/25/13 provided similar relief, thus identifying the tested facet joints as generators of severe 8/10 left low back pain. This particular low back pain had returned, and therefore, radiofrequency neurotomy was requested to provide the patient prolonged relief of left low back pain. Oxycontin 60 mg, Norco 10 mg, omeprazole 20 mg, urine drug screen completed on 08/23/13, and spinal cord stimulator trial were also requested but denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency neurotomy left L2-3 and L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (Updated 5-10-13) Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic) (update 2-13-2014) - Facet joint radiofrequency neurotomy.

Decision rationale: Most recent documentation dated 08/23/13 references facet injections being performed on two occasions (procedure reports are not provided for review). However, the 06/27/13 note references that radiofrequency neurotomy was recently performed (this report is also not provided for review). ODG guidelines states: 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. It remains unclear precisely when the last Radiofrequency neurotomy was performed and specific percentage and duration of relief from this procedure. As Radiofrequency Neurotomy should not be performed at intervals less than 6 months, this information is necessary to establish the medical necessity of repeating this procedure. Guidelines also state that "A neurotomy should not be repeated unless the 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." Given that there is no documentation of percentage/duration of relief or dates of

prior RFA, as well as evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. This request for Radiofrequency neurotomy left L2-3 and L3-4, is not medically necessary.

Urine Drug Screen for DOS 10/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain (Chronic) (Updated 01/7/2014) - Urine drug testing (UDT).

Decision rationale: With respect to urine drug screen, the documentation identifies patient underwent UDS on 06/27/13, which was reported to be consistent with prescribed medications. Guidelines support up to 2 UDS per year unless patient is deemed to be at high risk for medication misuse/abuse or there has been a history of diversion or aberrant drug behavior. Repeat UDS at this interval is not medically necessary.

Spinal cord stimulator, trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain (Chronic) (Updated 1/7/2014) Spinal Cord Stimulator (SCS).

Decision rationale: With respect to spinal cord stimulator, the guidelines require that psychological clearance be established prior to performance of a spinal cord stimulator trial and this has not been provided for review, the approval of this device is not appropriate and in compliance with the guidelines.