

Case Number:	CM14-0140074		
Date Assigned:	09/18/2014	Date of Injury:	06/11/2012
Decision Date:	10/16/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Emergency 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 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/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 injured worker is a 56 year-old male, who sustained an injury on June 11, 2012. The mechanism of injury occurred while repetitively lifting sacks of potatoes. Diagnostics have included: August 17, 2012 lumbar spine MRI reported as showing L4-5 facet arthropathy, L1-2 disc protrusion, L5 synovial cyst; June 30, 2014 lumbar epidurogram. Treatments have included: medications, physical therapy radio frequency rhizotomy November 12, 2013. The current diagnoses are: lumbosacral neuritis, lumbar facet arthropathy, lumbar degenerative disc disease, polycythemia vera. The stated purpose of the request for 1 Prescription Of Norco 10/325mg #60, was not noted. The request for 1 Prescription Of Norco 10/325mg #60, was modified for Quantity # 48 on August 23, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for 1 Bilateral L5, Alar, S1 Radiofrequency Rhizotomy, was not noted. The request for 1 Bilateral L5, Alar, S1 Radiofrequency Rhizotomy was denied on August 23, 2014, citing a lack of documentation of objective evidence of functional improvement from a previous rhizotomy. Per the report dated August 17, 2014, the treating physician noted complaints of low back pain with radiation to the left leg and groin. Exam findings included lumbar tenderness with restricted range of motion, and a normal neurologic exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of Norco 10/325mg #60:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80,80-82.

Decision rationale: The requested 1 Prescription Of Norco 10/325mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation to the left leg and groin. The treating physician has documented lumbar tenderness with restricted range of motion, and a normal neurologic exam. This medication has been prescribed since at least November 2012. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 Prescription Of Norco 10/325mg #60, is not medically necessary.

1 Bilateral L5, Alar, S1 Radiofrequency Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The requested 1 Bilateral L5, Alar, S1 Radiofrequency Rhizotomy, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages 300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 07/03/14), Radio-Frequency Ablation, recommend "facet neurotomies if successful diagnostic medical branch blocks (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function." The injured worker has low back pain with radiation to the left leg and groin. The treating physician has documented lumbar tenderness with restricted range of motion, and a normal neurologic exam. The treating physician has documented greater than 50% relief for at least 12 weeks. However, the treating physician has not documented objective evidence of derived functional improvement from the previous rhizotomy such as decreased medication usage or increased activities of daily living functionality. The criteria noted above not

having been met, 1 Bilateral L5, Alar, S1 Radiofrequency Rhizotomy, is not medically necessary.