

<b>Case Number:</b>	CM14-0149076		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42-year-old female with a date of injury of 02/09/2009. The listed diagnoses per [REDACTED] are bilateral elbow medial/lateral epicondylitis; bilateral forearm/wrist flexor/extensor tendonitis; bilateral shoulder periscapular strain with left shoulder impingement; cervical/trapezial musculoligamentous sprain/strain with muscle contraction headaches; lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis and left sacroiliac joint sprain; sleep difficulties; and emotional complaints. According to progress report 02/05/2014, the patient presents with bilateral upper extremity, lumbar spine, and cervical spine pain. The provider does not provide any physical examination of the lumbar spine. The patient's medication regimen includes Norco 7.5 mg and Prilosec 20 mg. Progress report 08/06/2014 noted low back pain rated as 8/10 without medication and 4/10 with medication. Examination revealed diffuse tenderness to palpation over the paraspinals with moderate facet tenderness at L4 to S1. There was decreased range of motion noted. MRI of the lumbar spine from 07/16/2014 noted 2-mm disk bulges. The provider is requesting bilateral L4 to S1 medial branch facet joint rhizotomy and neurolysis. He is also requesting a hot/cold contrast system for 30 days following the procedure and a urine drug screen. Utilization review denied the request on 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4 Medial Branch Facet Joint Rhizotomy and Neurolysis QTY #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), RF ablation, lumbar spine

**Decision rationale:** This patient presents with continued low back pain. The provider is requesting bilateral L4 to S1 medial branch facet joint Rhizotomy and neurolysis. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, Official Disability Guidelines are referenced. Official Disability Guidelines states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Official Disability Guidelines states for repeat injection, "a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." The provider has reported that the patient had almost 100% pain relief from prior Rhizotomy which was done over 2 years ago. Progress reports following this procedure are not available. In this case, the provider currently does not provide much discussion regarding prior procedure such as functional improvement or medication reduction. For repeat RF ablation, Official Disability Guidelines require documentation of improved VAS and functional changes. Therefore, this request is not medically necessary.

#### **Left L5 Medial Branch Facet Joint Rhizotomy and Neurolysis QTY #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), RF ablation, lumbar spine

**Decision rationale:** This patient presents with continued low back pain. The provider is requesting bilateral L4 to S1 medial branch facet joint Rhizotomy and neurolysis. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, Official Disability Guidelines are referenced. Official Disability Guidelines states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Official Disability Guidelines states for repeat injection, "a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." The provider has reported that the patient had almost 100% pain relief from prior Rhizotomy which was done over 2 years ago. Progress reports following this procedure are not available. In this case, the provider currently does not provide much discussion regarding prior procedure such as

functional improvement or medication reduction. For repeat RF ablation, Official Disability Guidelines require documentation of improved VAS and functional changes. Therefore, this request is not medically necessary.

**Left S1 Medial Branch Facet Joint Rhizotomy and Neurolysis QTY #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS 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), RF ablation, lumbar spine

**Decision rationale:** The provider is requesting bilateral L4 to S1 medial branch facet joint Rhizotomy and neurolysis. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, Official Disability Guidelines are referenced. Official Disability Guidelines states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Official Disability Guidelines states for repeat injection, "a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." The provider has reported that the patient had almost 100% pain relief from prior Rhizotomy which was done over 2 years ago. Progress reports following this procedure are not available. In this case, the provider currently does not provide much discussion regarding prior procedure such as functional improvement or medication reduction. For repeat RF ablation, Official Disability Guidelines require documentation of improved VAS and functional changes. Therefore, this request is not medically necessary.

**Right L4 Medial Branch Facet Joint Rhizotomy and Neurolysis QTY #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS 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), RF ablation, lumbar spine

**Decision rationale:** The provider is requesting bilateral L4 to S1 medial branch facet joint Rhizotomy and neurolysis. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, Official Disability Guidelines are referenced. Official Disability Guidelines states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Official Disability Guidelines states for repeat injection, "a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The

current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." The provider has reported that the patient had almost 100% pain relief from prior Rhizotomy which was done over 2 years ago. Progress reports following this procedure are not available. In this case, the provider currently does not provide much discussion regarding prior procedure such as functional improvement or medication reduction. For repeat RF ablation, Official Disability Guidelines require documentation of improved VAS and functional changes. Therefore, this request is not medically necessary.

**Right L5 Medial Branch Facet Joint Rhizotomy and Neurolysis QTY #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines chapter:12, page 300 and 301 ODG guidelines on RF ablation, lumbar spine:

**Decision rationale:** The provider is requesting bilateral L4 to S1 medial branch facet joint Rhizotomy and neurolysis. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, Official Disability Guidelines are referenced. Official Disability Guidelines states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Official Disability Guidelines states for repeat injection, "a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." The provider has reported that the patient had almost 100% pain relief from prior Rhizotomy which was done over 2 years ago. Progress reports following this procedure are not available. In this case, the provider currently does not provide much discussion regarding prior procedure such as functional improvement or medication reduction. For repeat RF ablation, Official Disability Guidelines require documentation of improved VAS and functional changes. Therefore, this request is not medically necessary.

**Right S1 Medial Branch Facet Joint Rhizotomy and Neurolysis QTY #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS 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), RF ablation, lumbar spine

**Decision rationale:** The provider is requesting bilateral L4 to S1 medial branch facet joint Rhizotomy and neurolysis. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, Official Disability Guidelines are referenced. Official Disability Guidelines states RF ablation is under

study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Official Disability Guidelines states for repeat injection, "a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." The provider has reported that the patient had almost 100% pain relief from prior Rhizotomy which was done over 2 years ago. Progress reports following this procedure are not available. In this case, the provider currently does not provide much discussion regarding prior procedure such as functional improvement or medication reduction. For repeat RF ablation, Official Disability Guidelines require documentation of improved VAS and functional changes. Therefore, this request is not medically necessary.

**Hot/Cold Unit QTY #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, 9th Edition: Low Back Chapter Update 7/3/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine Chapter, Heat Therapy, Hot/Cold Treatments

**Decision rationale:** The provider is requesting a hot and cold unit for 30 days rental. The MTUS and ACOEM Guidelines do not discuss cold therapy units. Therefore, Official Disability Guidelines are referenced. Official Disability Guidelines have the following regarding continuous-flow cryotherapy, "recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." This patient is not status post-surgery and Official Disability Guidelines does not recommend continuous-flow cryotherapy for nonsurgical treatment. Therefore, this request is not medically necessary.

**Urine Toxicology Screening QTY #1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

**Decision rationale:** The provider is requesting a urine drug screen and states that the last screening was done approximately 1 year ago. The medical file provided for review includes no urine drug screens or discussions thereof. Utilization review denied the request stating, "Before repeating a UDS, one needs to discuss results from previous testing, there is no such discussion." While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, Official Disability Guidelines provide clear recommendation. Official Disability Guidelines recommends once-yearly urine drug testing following initial

screening with the first 6 months for management of chronic opiate use in low-risk patients. In this case, it does not appear that the patient has had a UDS in the recent past. Given the patient's opioid intake, a drug screening may be indicated. Therefore, this request is medically necessary.