

Case Number:	CM14-0161610		
Date Assigned:	10/07/2014	Date of Injury:	09/27/2004
Decision Date:	11/04/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 09/27/2004. The mechanism of injury was not specifically stated. The injured worker had medications and a lumbar facet block in 2012. The documentation of 07/24/2014 revealed the injured worker had complaints of low back pain. The pain did not radiate to the lower extremities. The injured worker was noted to have a diagnostic facet block on 10/02/2013 and the injured worker reported more than 80% relief of low back pain for at least 4 hours. The request had been made for a rhizotomy; however, it was noted to be denied. Prior to the procedure, the injured worker's pain was 8/10 and for the 4 hours after the procedure, severity went to 1/10 to 2/10. The injured worker took no pain medications on the date of the intervention and did not take medications for 24 hours thereafter. The injured worker had tenderness over the L4-5 and L5-S1 facet area bilaterally. The range of motion was decreased in the lumbar spine. The straight leg raise was negative. Facet loading was positive for pain the lower lumbar region. The motor strength was 5/5 in the bilateral upper and lower extremities and sensation was grossly intact. Deep tendon reflexes were +2 at the level of both patellas. The surgical history was not provided. The treatment plan included a rhizotomy. The documentation indicated the physician was requesting a radiofrequency ablation of the facet joints in the lumbar region of L4-5 and L5-S1, first to be done on the right side and after 2 weeks to be done on the left side. The injured worker had axial low back pain which was facetogenic in nature and was confirmed by medical branch nerve block and the next step was to perform a rhizotomy. Additionally, the injured worker was noted to have good relief on Percocet without side effects. The treatment plan included Percocet 5/325 three times a day as needed. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of the facet joints in the lumbar area at L4-5 and L5-S1, first to be done on the right side and after two weeks to be done on the left side.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated the injured worker had 80% relief in low back pain for at least 4 hours. However, there was a lack of documentation of objective functional benefit that was received. Additionally, the request was made for an injection to be done on the right side and after 2 weeks to be done on the left side. There was a lack of documented rationale to support the necessity for a staged procedure. Given the above, the request for Radiofrequency Ablation of the Facet Joints in the Lumbar area at L4-5 and L5-S1, first to be done on the right side and after two weeks to be done on the left side is not medically necessary.

Percocet 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic painongoing management Page(s): 60 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective

decrease in pain, documentation the injured worker's is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior. The documentation indicated the injured worker had no side effects. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the duration of use could not be established through supplied documentation. Given the above, the request for Percocet 5/325 mg #60 is not medically necessary.