

Case Number:	CM14-0164844		
Date Assigned:	11/10/2014	Date of Injury:	05/12/2001
Decision Date:	12/11/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 Preventive 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:

According to the records made available for review, this is a 54-year-old female with a 5/12/01 date of injury. At the time (9/4/14) of request for authorization for Celebrex 200 mg QD (no quantity given) and Bilateral L3-4-5-S1 Medial Branch Rhizotomy, there is documentation of subjective (low back pain radiating to bilateral lower extremity) and objective (decreased lumbar range of motion, decreased sensory exam over right lateral foot, and positive facet loading at L5-S1) findings, current diagnoses (lumbosacral spondylosis without myelopathy, lumbago, and osteoarthritis of right hip), and treatment to date (previous rhizotomy and medications (including ongoing treatment with Celebrex, Wellbutrin, and Ultracet)). Medical report identifies 70% of pain relief with previous L3-L4-L5-S1 rhizotomy performed on 3/10/14. Regarding Celebrex 200 mg QD (no quantity given), there is no documentation of high-risk of GI complications with NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Regarding Bilateral L3-4-5-S1 Medial Branch Rhizotomy, there is no documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy; and no more than two joint levels to be performed at one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg qd (no quantity given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, lumbago, and osteoarthritis of right hip. However, there is no documentation of high-risk of GI complications with NSAIDs. In addition, given documentation of ongoing treatment with Celebrex, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Furthermore, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200 mg QD (no quantity given) is not medically necessary.

Bilateral L3-4-5-S1 Medial Branch Rhizotomy: Upheld

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

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) Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that "lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, lumbago, and osteoarthritis of right hip. In addition, given documentation of 70% of pain relief with previous L3-L4-L5-S1 rhizotomy performed on 3/10/14, there is documentation of 50% relief with prior neurotomy; and repeat neurotomy to be performed at an interval of at least 6 months from the

first procedure. However, there is no documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In addition, given documentation of a request for L3-4-5-S1 Rhizotomy, there is no documentation of no more than two joint levels to be performed at one time. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L3-4-5-S1 Medial Branch Rhizotomy is not medically necessary.