

<b>Case Number:</b>	CM14-0210331		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal Medicine

### 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 employee was a 44 year old female who sustained an industrial injury on 05/27/2008. An MRI of lumbar spine in 08/05/2014 showed L5-S1 mild annular disc bulge and a 3 mm posterior central extrusion extending 3 mm inferiorly from the intervertebral disc level and a posterior central annular fissure causing mild bilateral neural foraminal narrowing and without central canal stenosis. The progress note from 12/12/14 was reviewed. She had pain in low back that was helped in the past after radiofrequency denervation of the lumbar facet joints performed in February 2013. She had 50-60% reduction of pain for roughly nine months after the previous procedure. Prior to the procedure, she could walk upto 10 minutes at a time two to three times a week, and after the procedure she could walk upto 30-40 minutes at a time daily. Her sleep improved from being restless to five to six hours per night without interruption. Showering, toileting and hygiene were also improved dramatically after the procedure. Her current level of pain was 7/10 and the current medications took the edge off of her pain. She was on Norco and Gabapentin. Pertinent examination findings included tenderness to palpation of the lumbar paraspinals and of the L4-L5 and L5-S1 facet joints bilaterally. Her diagnoses included myofascial pain syndrome, lumbar spondylosis, cervical spondylosis, knee pain and thoracic spondylosis. She was given a refill of #120 Norco. The medication improved pain and improved activities of daily living without side effects. She was being monitored with CURES database reviews and urine drug testing. The request was for bilateral L4-L5 and L5-S1 radiofrequency ablation under IV sedation and Norco 10/325mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One bilateral L4-5 and L5-S1 radiofrequency ablation under sedation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint radiofrequency neurotomy.

**Decision rationale:** The employee was a 44 year old female who sustained an industrial injury on 05/27/2008. An MRI of lumbar spine in 08/05/2014 showed L5-S1 mild annular disc bulge and a 3 mm posterior central extrusion extending 3 mm inferiorly from the intervertebral disc level and a posterior central annular fissure causing mild bilateral neural foraminal narrowing and without central canal stenosis. The progress note from 12/12/14 was reviewed. She had pain in low back that was helped in the past after radiofrequency denervation of the lumbar facet joints performed in February 2013. She had 50-60% reduction of pain for roughly nine months after the previous procedure. Prior to the procedure, she could walk upto 10 minutes at a time two to three times a week, and after the procedure she could walk upto 30-40 minutes at a time daily. Her sleep improved from being restless to five to six hours per night without interruption. Showering, toileting and hygiene were also improved dramatically after the procedure. Her current level of pain was 7/10 and the current medications took the edge off of her pain. She was on Norco and Gabapentin. Pertinent examination findings included tenderness to palpation of the lumbar paraspinals and of the L4-L5 and L5-S1 facet joints bilaterally. Her diagnoses included myofascial pain syndrome, lumbar spondylosis, cervical spondylosis, knee pain and thoracic spondylosis. She was given a refill of #120 Norco. The medication improved pain and improved activities of daily living without side effects. She was being monitored with CURES database reviews and urine drug testing. The request was for bilateral L4-L5 and L5-S1 radiofrequency ablation under IV sedation and Norco 10/325mg #120. According to Official Disability Guidelines, facet joint radiofrequency neurotomies require a diagnosis of facet joint pain using a medial branch block and repeat neurotomies require improvement for at least 12 weeks at more than than 50% relief. The repeat neurotomies should be more than 6 months from the first procedure. The employee had improvement after the previous radiofrequency ablation for 9 months. The requested procedure is medically necessary and appropriate.

### **Unknown prescription of Norco (brand name only):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 77-80.

**Decision rationale:** The employee was a 44 year old female who sustained an industrial injury on 05/27/2008. An MRI of lumbar spine in 08/05/2014 showed L5-S1 mild annular disc bulge and a 3 mm posterior central extrusion extending 3 mm inferiorly from the intervertebral disc level and a posterior central annular fissure causing mild bilateral neural foraminal narrowing and without central canal stenosis. The progress note from 12/12/14 was reviewed. She had pain in low back that was helped in the past after radiofrequency denervation of the lumbar facet joints performed in February 2013. She had 50-60% reduction of pain for roughly nine months after the previous procedure. Prior to the procedure, she could walk upto 10 minutes at a time two to three times a week, and after the procedure she could walk upto 30-40 minutes at a time daily. Her sleep improved from being restless to five to six hours per night without interruption. Showering, toileting and hygiene were also improved dramatically after the procedure. Her current level of pain was 7/10 and the current medications took the edge off of her pain. She was on Norco and Gabapentin. Pertinent examination findings included tenderness to palpation of the lumbar paraspinals and of the L4-L5 and L5-S1 facet joints bilaterally. Her diagnoses included myofascial pain syndrome, lumbar spondylosis, cervical spondylosis, knee pain and thoracic spondylosis. She was given a refill of #120 Norco. The medication improved pain and improved activities of daily living without side effects. She was being monitored with CURES database reviews and urine drug testing. The request was for bilateral L4-L5 and L5-S1 radiofrequency ablation under IV sedation and Norco 10/325mg #120. The employee had been treated with Norco with improvement of pain and functional improvement. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. She was noted to have no aberrant behaviors, also had documented improvement of pain, functional improvement with pain medications. Hence the request for ongoing use of Norco is medically necessary and appropriate.