

<b>Case Number:</b>	CM14-0093397		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/08/2006
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old female, who sustained an industrial injury on 5/8/06. The diagnoses have included lumbosacral spondylosis without myelopathy, facet arthropathy, and pain in joint of forearm, depression, anxiety, thoracic or lumbosacral radiculopathy, and sacroiliitis. Treatment to date has included medications, heat/ice, physical therapy, home exercise program (HEP), lumbar medial branch block, and lumbar radiofrequency and activity modifications. Currently, as per the physician progress note dated 6/5/14, the injured worker complains of severe to moderate back pain which is worsening in the low back and right elbow pain. The pain radiates to the left ankle and foot. The pain without medications is rated 8/10 on pain scale and with medications is rated 3/10 on pain scale. Physical exam reveals tenderness to palpation in the spinous area, lumbar spasm, right buttocks painful, right sacroiliac joint painful, painful lumbar range of motion, positive Patrick's Faber test bilaterally and oblique extension and direct palpation along the right L4-L5 and L5-S1 facet joints leads to pain. The diagnostic testing that was performed included lumbar Magnetic Resonance Imaging (MRI), which revealed lumbar spondylosis, degenerative joint disease (DJD), degenerative disc disease (DDD), facet arthropathy and sacroiliitis. The current medications included Lyrica, Temazepam, Opana ER, Norco, Lorazepam, Lamictal, Geodon and Dextroamphetamine. The urine drug screen report dated 8/26/13, 5/5/14 was consistent with medications prescribed. Work status is permanent and stationary. The physician requested treatments included Radiofrequency of right L3, L4 and L5 and 1 Urine Drug Screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Radiofrequency of right L3, L4 and L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. 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) Low Back chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The patient presents with lower back pain radiating to lower extremity and right elbow pain rated 8/10 without and 3/10 with medications. The request is for Radiofrequency of Right L3, L4 and L5. The request for authorization is dated 06/05/14. The patient is status-post Lumbar Facet Injection L3-L4, L4-L5, L5-S1 bilaterally, 09/30/11; she reports significant low back pain relief. SI Joint Injection, 04/16/12, which resulted in eight days of at least 50% pain relief. RFA of the Right L3, L4 and L5, 10/16/12. Physical examination of the lumbar spine reveals tenderness to palpation in spinous and paraspinous with muscle spasm. Positive Faber's test bilaterally. Patient's medications include Temazepam, Opana, Norco, Lyrica, Lorazepam, Lamictal, Geodon and Dextroamphetamine. Per progress report dated 06/05/14, the patient is permanent and stationary. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." Per progress report dated 06/15/12, treater's reason for the request is "She responded well with a 50% pain reduction from the right L3, L4, L5 Radiofrequency lesioning in OCT2012. She continues to use conservative measure, including exercise and stretching." In this case, treater has discussed low back pain and documented improvement with prior RFA to requested levels. Given patient's positive response, a repeat RFA would appear to be indicated. However, ODG allows for repeat RFA when there is at least 12 weeks of 50% or more pain relief, along with functional improvement which treater has not documented for RFA procedure on 10/16/12. Furthermore, the patient has a diagnosis of radiculopathy. Facet joint evaluations or treatments are not recommended when radicular findings are present. The patient has a diagnosis of radiculopathy and physical exam on 06/05/14 revealed positive Faber's test bilaterally. Therefore, the request is not medically necessary.

### **1 Urine Drug Screen: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine drug testing (UDT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug testing.

**Decision rationale:** The patient presents with lower back pain radiating to lower extremity and right elbow pain rated 8/10 without and 3/10 with medications. The request is for 1 Urine Drug Screen. The request for authorization is dated 06/05/14. The patient is status-post Lumbar Facet Injection L3-L4, L4-L5, L5-S1 bilaterally, 09/30/11; she reports significant low back pain relief. SI Joint Injection, 04/16/12, which resulted in eight days of at least 50% pain relief. RFA of the Right L3, L4 and L5, 10/16/12. Physical examination of the lumbar spine reveals tenderness to palpation in spinous and paraspinous with muscle spasm. Positive Faber's test bilaterally. Patient's medications include Temazepam, Opana, Norco, Lyrica, Lorazepam, Lamictal, Geodon and Dextroamphetamine. Per progress report dated 06/05/14, the patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. The patient is prescribed Opana ER and Norco since at least 07/19/11, which are opiates. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Prior urine drug screen was done on 05/05/14. Therefore, the request is medically necessary.