

<b>Case Number:</b>	CM15-0010483		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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, Hawaii  
 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:

This 44 year old female sustained an industrial injury on 11/19/09. She subsequently reports chronic back and upper extremity pain. The injured worker has undergone multiple x-ray and MRI's. Diagnoses include cervical and thoracic spine musculoligamentous sprains/ strains. Prior treatments include shockwave therapy and narcotic pain medications. The UR decision dated 1/12/15 non-certified Norco 5/325MG and Rhizotomy of the Bilateral L4-S1. The Norco 5/325MG was denied based on CA MTUS Chronic Pain Medical Treatment guidelines. The Rhizotomy of the Bilateral L4-S1 was denied based on ODG criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with continued worsening of low back pain that increases with sitting, standing, bending and stooping activities. The current request is for Norco 5/325 mg #30. The treating physician report dated 12/11/14 indicates that the patient is status post arthroscopic surgery involving the left shoulder on 11/5/14 with post-operative pain and worsening lower back pain. The physician states that pain levels with medication is a 5/10 and without an 8/10. The functional benefits include increased ability to perform ADLs, improved participation in home exercises and improved sleep. There are no side effects or aberrant behaviors noted. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented pain relief and functional improvements with opioid usage and has satisfied the MTUS requirements. The recommendation is for authorization as this request is medically necessary.

**Rhizotomy of the bilateral L4-S1 #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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic, Facet joint radiofrequency neurotomy.

**Decision rationale:** The patient presents with continued worsening of low back pain that increases with sitting, standing, bending and stooping activities. The current request is for rhizotomy of the bilateral L4-S1 #1. The treating physician states on 12/11/14 (F96) repeat request authorization for bilateral L-4-S1 rhizotomy as recommended by [REDACTED], given the patients worsening low back pain, decreasing function as noted in the history and non-response from Independent Medical Review. MTUS guidelines do not address facet joint radiofrequency ablation. ODG states that there is conflicting evidence as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis with proper criteria being met. ODG lists the criteria for use of facet joint radiofrequency neurotomy as a diagnosis of facet joint pain using a medial branch block. In this case, the treating physician indicates that the rhizotomy was recommend by a [REDACTED] in 2013, however, this report was not included for review nor was there any mention of a diagnosis of facet joint pain confirmed by a medial branch block. Without confirmation of the ODG defined criteria of a diagnosis of facet joint pain using a medial branch block this request cannot be authorized. Thus, the current request is not medically necessary and the recommendation is for denial.