

Case Number:	CM15-0124828		
Date Assigned:	07/09/2015	Date of Injury:	05/10/2003
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 38-year-old male who sustained an industrial injury on 5/10/03. The mechanism of injury was not documented. The 5/28/15 treating physician report cited persistent grade 9/10 low back pain, increased with bending, squatting, walking and standing, and intermittent pain into the gluteal region. He was using Norco but it wore off very quickly. He was using methadone with longer active relief. He had radiofrequency ablation in the past which reduced his symptoms 60-70% for eight or more months and would like to consider these again. Records indicated that he underwent radiofrequency rhizotomy treatment on the left at L2, L3, L4, and L5 on 12/10/13 with documentation of chronic pain syndrome with lumbar facet joint pain on 2/7/14 with medications including methadone 10 mg and Norco 10/325 mg. Methadone had been used since at least 12/5/11. Physical exam documented lumbar paraspinal tenderness and spasms, and tenderness over the bilateral facet joints and left superior iliac spine. Patrick's test was positive on the left and neurologic exam was normal. Lumbar flexion was restricted to 25 degrees flexion and 5 degrees extension and painful. The diagnosis was low back pain, bilateral sacroiliitis, and lumbar facet pain. The treatment plan recommended continued home exercise and current medication use, EKG and cardiac clearance to evaluate use of methadone use, left lumbar medial branch block, confirmatory block if needed, and a radiofrequency ablation. The injured worker was to continue working modified duty. The 6/10/15 utilization review non-certified the request for radiofrequency ablation and left lumbar medial branch block as the request lacked documentation relative to the specific levels to be treated and proper documentation of prior efficacy from the lumbar medial branch block. The request for EKG and cardiac clearance was non-certified as there was no documentation evidence that the injured worker had trialed and failed first line therapy to support the initiation of methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: EKG and cardiac clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Pain (Chronic): Methadone.

Decision rationale: The California MTUS do not address the use of EKG monitoring in the use of methadone; therefore, the Official Disability Guidelines (ODG) were referenced. The ODG recommend pre-use cardiac evaluation. Guidelines state that patients should be informed of arrhythmia risk when prescribed methadone. An assessment should be made of history of structural heart disease, arrhythmia, and syncope. No firm guides are agreed upon in terms of pre-treatment or interval EKGs, but recommendation for use is particularly made for patients on high dose drug with cardiac history or evidence of syncope or seizures. Guideline criteria have not been met. This injured worker has been taking methadone since at least 12/5/11. There is no documentation relative to the current daily dosage of methadone, and there is no indication in the records that he has underlying structural heart disease, arrhythmia, or syncope. There is no compelling rationale presented to support the medical necessity of EKG and cardiac clearance relative to methadone use at this time. Therefore, this request is not medically necessary.

Associated surgical service: left lumbar medical branch block, confirmatory block if needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Guideline criteria have not been met. This injured worker has previously undergone radiofrequency ablation, and it would be assumed that medial branch blocks were performed prior to the original procedure. A concurrent request for repeat radiofrequency ablation has not been certified based on absence of documentation reflecting guideline-required benefit. Guidelines do not support more than one set of medial branch blocks. There is no compelling reason to support the medical necessity of medial branch block for this injured worker as an exception to guidelines. Therefore, this request is not medically necessary.

Radiofrequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 - Lumbar & Thoracic: Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Criteria state that 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). 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. No more than two joint levels are to be performed at one time. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have not been met. This injured worker presents with persistent low back pain with intermittent pain into the gluteal region. Clinical exam findings documented facet joint tenderness, with no evidence of positive provocative testing. Prior radiofrequency ablation at left L2-L5 reportedly provided 60-70% improvement for over 8 months but records reflect no change in medication use within 2 months of the procedure. There is no discussion of functional improvement relative to the prior radiofrequency procedure. Additionally, the specific levels to be treated are not documented and the prior treatment at L2-L5 exceeds guideline recommendations for no more than 2 levels. Therefore, this request is not medically necessary.