

Case Number:	CM15-0172400		
Date Assigned:	09/14/2015	Date of Injury:	06/13/2008
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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

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:

The injured worker is a 64 year old female, who sustained an industrial injury on 6-13-2008. Diagnoses include DeQuervain's tenosynovitis of the left wrist and hand, ganglion cyst, osteoarthritis, bilateral hip strain, greater trochanter bursitis, cervical musculoligamentous sprain-strain with upper extremity radiculitis, bilateral knee patellofemoral arthralgia with contusions and history of osteoarthritis, lumbar musculoligamentous sprain-strain with left greater than right lower extremity radiculitis. Treatment to date has included diagnostics, medications, lumbar facet rhizotomy (2013), bilateral medial branch blocks (2013), epidural steroid injections (2010), exercise, and hot-cold therapy. Magnetic resonance imaging (MRI) of the lumbar spine dated 1-23-2015 showed moderate canal stenosis at L4-5 with moderate facet arthropathy, 4mm disc protrusion at L4-5, and L3-4 3mm biforaminal disc protrusion. EMG (electromyography) and NCS (nerve conduction studies) of the lumbar spine and bilateral lower extremities dated 2-26-2015 showed no electrical evidence of lumbar radiculopathy or peripheral neuropathy affecting the lower extremities. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker reported low back pain rated as 7 out of 10 and has not changed since the last exam and left knee pain rated as 3 out of 10, which has also remained the same since the last exam. Objective findings of the lumbar spine included tenderness to palpation over the paravertebral muscles with muscle guarding and spasm over the lumbosacral junction and bilateral sacroiliac joints and bilateral sciatic notches. Left knee examination revealed tenderness to palpation over the medial and lateral joint lines with decreased range of motion. Grind test and McMurry's tests were positive. The plan of care included continuation of home exercises and medications and follow-up evaluations. On 8-25-2015, Utilization Review non-certified/modified the request for right and left L3, L4 and L5 facet rhizotomy and neurolysis and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 Facet Rhizotomy and Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back -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: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/28/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is not medically necessary.

Left L3 Facet Rhizotomy and Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back -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: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/28/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is not medically necessary.

Right L4 Facet Rhizotomy and Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back -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: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/28/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is not medically necessary.

Left L4 Facet Rhizotomy and Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back -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: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/28/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is not medically necessary.

Right L5 Facet Rhizotomy and Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back -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: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/28/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is not medically necessary.

Left L5 Facet Rhizotomy and Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back -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: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 7/28/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." In this case, there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology from the exam note of 7/28/15. Therefore, the determination is not medically necessary.