

<b>Case Number:</b>	CM15-0039853		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/07/2006
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Indiana, New York  
 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 injured worker is a 37-year-old male, who sustained an industrial injury on 08/07/2006. On provider visit dated 01/15/2015 the injured worker has reported back pain. On examination, she was noted to have mild lumbar spasm and positive facet loading lumbar bilateral and pain with extension lumbar bilaterally. The diagnoses on have included lumbar spondylosis and lumbar post laminectomy syndrome. Treatment to date has included lumbar medial branch blocks and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Rhizotomy at L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint radiofrequency neurotomy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral lumbar rhizotomy at L4-L5 and L5-S1 is not medically necessary. Facet joint rhizotomy is under study. There is conflicting evidence available as to the efficacy of the procedure and approval of treatment should be made on a case-by-case basis. Criteria for the use of facet joint radiofrequency rhizotomy includes: treatment requires a diagnosis of facet joint pain using a medial branch blocks as described; while repeat neurotomies may be required, they should not occur at an interval of less than six months from the first procedure. It should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50%; approval of repeat procedures depends on variables such as adequate diagnostic blocks, documented improvement in VAS score, decreased medications and document improvement in function; no more than two joint levels are performed at one time; there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy; etc. In this case, the injured worker's working diagnoses are lumbar spondylosis; post laminectomy syndrome lumbar; cervicgia; and headache. The documentation shows the injured worker had a bilateral lumbar medial branch blocks at L4-L5 and L5-S1 on January 27, 2015. The treating physician is requesting a bilateral lumbar rhizotomy at L4-L5 and L5-S1. Documentation from a February 25, 2015 progress note addresses the lumbar request for authorization and the lack of conservative treatment. The treating physician indicates the injured worker had over one year of physical therapy after lumbar fusion due to work injury. He had a trial non-steroidal anti-inflammatory drugs but cannot tolerate non-steroidal anti-inflammatory drugs. A formal plan of additional evidence-based conservative care is not documented in the medical record. Additional physical therapy may be requested and other conservative measures than non-steroidal anti-inflammatory drugs may be considered. This formal plan serves as a criterion for performing a facet joint radiofrequency rhizotomy. Consequently, absent clinical documentation with a formal plan of additional evidence-based conservative care as part of the bilateral lumbar rhizotomy at L4-L5 and L5-S1, bilateral lumbar rhizotomy at L4-L5 and L5-S1 is not medically necessary.

**MS Contin 15 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 15 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar spondylosis; post laminectomy syndrome lumbar; cervicgia; and headache. The documentation indicates the injured worker had a two-week supply of Kadian (Morphine sulfate ER) in a progress note dated January 15, 2015. A subsequent progress notes dated February 10,

2015 does not discuss Kadian or Morphine sulfate extended release. History of present illness covers follow-up of hypertension. There is documentation about pain medications being adjusted in the pain clinic and tapering off at this point. Objectively, heart rate and blood pressure are normal and physical examination is unremarkable. The assessment covers hypertension and ordering laboratory testing. There is no documentation throughout the medical record of objective functional improvement with Morphine sulfate extended release. Additionally, the injured worker is taking Tramadol since June 3, 2013. The documentation does not contain evidence of objective functional improvement as it relates to tramadol. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. As noted above, there is no documentation with objective functional improvement to gauge the efficacy of Morphine sulfate extended release and Tramadol. Consequently, absent compelling clinical documentation with objective functional improvement to gauge the efficacy of ongoing Tramadol and Morphine sulfate extended release with detailed pain assessments (with ongoing opiate use) and risk assessments, MS Contin 15 mg #30 is not medically necessary.