

<b>Case Number:</b>	CM15-0074381		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48-year-old female, with a reported date of injury of 05/17/2005. The diagnoses include lumbar facet syndrome, low back pain, displacement of lumbar intervertebral disc without myelopathy, multilevel lumbar disk herniations with annular tears, ruptured disc at L2-3, L4-5, and L5- S1, and chronic pain. Treatments to date have included a medial branch radiofrequency rhizotomy, bilateral facets at L4-5, bilateral L5-S1 with cortisone injection with fluoroscopic assistance of the lumbar spine; oral medications; topical pain medication; bilateral medial branch blocks at L4-5 and L5-S1; left translaminar epidural at L4-5; and an MRI of the lumbar spine. The last lumbar rhizotomy was completed on 11/4/2014. The progress report dated 01/27/2015 indicates that the injured worker continued to have back pain with radicular symptoms. The objective findings include an antalgic gait, limited lumbar spine range of motion with pain, and no neurological changes. On 3/24/2015, There was subjective complaints of low back pain radiating to the lower extremities associated with numbness and tingling sensation. There was objective findings of L4-S1 hypoesthesia. The medications listed are Norco, Lidoderm, Lunesta, Xanax and Naproxen. The treating physician requested a repeat radio-frequency rhizotomy at L4-5 and L5-S1 and Tylenol with codeine #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat radiofrequency rhizotomy at L4-L5 and L5-S1 bilaterally: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of severe low back pain when conservative treatments with medications and PT have failed. The guidelines do not support the use of facet procedures for the treatment of discogenic radicular pain. The records indicate that the patient had subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy. There is no documentation of objective findings consistent with functional restoration or reduction in medication utilization following the last lumbar facet rhizotomy on 11/4/2014. The criteria for the bilateral L4-L5, L5-S1 rhizotomy was not met. Therefore, the requested treatment is not medically necessary.

**Tylenol #3 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88 & 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short treatments of severe exacerbation of musculoskeletal pain when conservative treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interactions with sedative agents. The records indicate that the patient is utilizing multiple opioids and sedative medications concurrently. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data checks and functional restoration. There is no documentation of failure of treatment with co-analgesic anticonvulsant and antidepressant medications in this patient with significant co-existing psychosomatic and psychiatric conditions. The criteria for the use of Tylenol #3 #120 was not met. Therefore, the requested treatment is not medically necessary.