

Case Number:	CM13-0004270		
Date Assigned:	03/21/2014	Date of Injury:	01/04/2011
Decision Date:	05/20/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male with date of injury January 4, 2011. Per treating physician's report July 10, 2013, the listed diagnoses are chronic low back pain (left greater than right), history of lumbar radiculopathy to the left, multilevel degenerative disk disease especially L4-L5, lumbar spondylosis, myofascial pain and spasm, hypertension, high cholesterol, depression since the injury, poor sleep hygiene due to pain. The patient has ongoing complaints with left leg pain as well low back pain consistent with facetogenic greater than discogenic pain cause. Medial branch block did help the first day, and the patient has facet tenderness along the left side. Deep tendon reflexes at the patella is slightly decreased on the left side, S1 was intact, minimal sensory deficit, no new neurologic deficit. Hip flexion and extension strength is at 4/5. The patient was apparently authorized for RFA. MRI from October 29, 2013 showed left greater than right lateral recess due to 3- to 3.5-mm left side greater than right posterior lateral disk bulge. Otherwise, negative MRIs. Facet hypertrophy is noted at L5-S1. Operative report was reviewed from January 16, 2013 for diagnostic lumbar facet block via MBB of left L3-L4, L4-L5, L5-S1 levels. The report indicates that IV sedation was used but not enough to affect the patient's pain level. Progress report, February 25, 2013, by [REDACTED] notes that the patient experienced 70% reduction of pain lasting approximately 3 days before returning to baseline. This was following [REDACTED] medial branch blocks. Recommendation was for left-sided radiofrequency ablation from L5 through S1 with [REDACTED] and continued conservative treatments. I see that patient had EMG/NCV studies from October 22, 2012 which were negative

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT L3-5 RADIOFREQUENCY ABLATION: Overturned

Claims Administrator 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 Procedures

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).

Decision rationale: This patient presents with chronic low back pain with MRI of the lumbar spine showing 3- to 3.5-mm bulging disk at L4-L5 (more over to the left side than the right side), negative EMG/NCV (electromyography/nerve conduction velocity) studies from October 22, 2012, positive response to dorsal medial branch blocks with greater than 70% reduction of pain lasting three days from January 16, 2013. The request is for radiofrequency ablation on the left side at L3 through L5. MRI of the lumbar spine also demonstrated facet arthropathies particularly L5-S1. The Low Back Complaints Chapter of the ACOEM Practice Guidelines do not discuss radiofrequency ablation but the Low Back Complaints Chapter of the ACOEM Practice Guidelines does allow for radiofrequency ablation treatments following controlled differential dorsal medial branch diagnostic blocks. ODG Guidelines provide a more thorough discussion regarding facet joint syndrome. Radiofrequency ablation treatments are allowed only after appropriate diagnostic dorsal medial branch blocks have been performed. Review of the reports showed that [REDACTED] did, in fact, perform appropriate dorsal medial branch diagnostic blocks, including minimal sedation and follow-up with greater than 70% reduction of pain lasting a short duration. ODG Guidelines discussed that when radicular symptoms are present, facet diagnostic evaluation should not be performed. However, it also states under signs and symptoms, pain can radiate down below the knee. In this patient, electrodiagnostic studies were negative and the radicular component does not appear to be a major factor in symptomatology. The request for one left L3-L5 radiofrequency ablation is medically necessary and appropriate.