

<b>Case Number:</b>	CM13-0042220		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/20/2005
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

The patient is a female with a date of injury of 07/20/2005. The listed diagnosis per 9/16/13 report is Lumbago. The presenting symptoms are low back pain, bilateral buttock and pain into the calves. Patient reports having "strange" numbness sensations from the knees down to the ankles bilaterally which she hasn't had in a while. Examination showed negative Straight Leg Raising bilaterally; normal strength, normal bulk and tone in the muscles of the lower extremities. Sensation was intact. Pain to palpation in lower lumbar paravertebral and buttocks/sacral notches with some Low Back Pain with hyperextension were noted. The patient underwent Radio-Frequency ablation from 12/10/12 and for response, reported "that the interventional pain procedure was helpful and is still working." Treating doctor is requesting a MRI of the lumbar spine and a repeat bilateral Radiofrequency Ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with low back pain, bilateral buttock and bilateral pain to calf. The treating doctor is requesting an updated MRI of the lumbar spine but does not explain the reasons for requesting another MRI at this juncture. There are no documentations of a new injury, progressive neurologic deficit and no surgery is being anticipated. For special diagnostics, ACOEM guidelines states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery (Page 303). This patient does not present with an "unequivocal objective findings" that would include neurologic changes such as myotomal /dermatomal deficits, positive root tension signs with specific radicular symptoms. According to the above mentioned guidelines, recommendation is for denial. Therefore Decision for MRI Lumbar Spine (Closed) is not medically necessary and appropriate.

**Bilateral Lumbar Radiofrequency Ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);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)

**Decision rationale:** This patient presents with low back pain, bilateral buttock and bilateral pain to calf. The treating doctor is requesting a repeat of bilateral lumbar radiofrequency ablation (L4-5 and L5-S1). According to operative report dated 12/10/2012, patient reported greater than 50% reduction in symptoms at discharge. However, subsequent reports do not quantify pain reduction, reduction in medication use as a result of the procedure or any functional improvements. ACOEM guidelines pages 300 and 301 states, "lumbar facet neurotomies reportedly produce mixed results." For a more thorough discussion, ODG guidelines are used. ODG states Radiofrequency ablation is under study and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Specific criteria is used including diagnosis of facet pain with MBB, 6 month interval from first procedure, adequate diagnostic blocks, no more than two levels to be performed at one time and evidence of formal conservative care in addition to the facet joint therapy is required. ODG specifically state that "approval of repeat neurotomies depends on variables such as evidence of adequate diagnosis blocks, documented improvement in Visual Analog Scale score, decreased medication and documented improvement in function." In this case, while the patient reported improvement, there is no documentation of changes in Visual Analog Scale pain score, reduction of medication use or any functional improvement. Therefore Decision for Bilateral Lumbar Radiofrequency Ablation is not medically necessary and appropriate.

