

<b>Case Number:</b>	CM14-0103933		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 & Rehabilitation 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:

The injured worker is a 53-year-old male who reported injury on 09/04/2012, reportedly sustained injuries through continuous trauma. The injured worker's treatment history included x-rays, MRI studies, physical therapy, and surgery, MR arthrogram of the right ankle, epidural steroid injections and urine drug screen. The injured worker was seen by pain management on 03/26/2014. The injured worker had undergone an MRI that revealed minimal disc bulges at L3-4 and L4-5 and annular tears at L3-4, L4-5 and L5-S1. On 04/21/2014, the injured worker had medial branch blocks with only 30% improvement in his symptoms. The injured worker was evaluated on 06/09/2014 and it was documented the injured worker complained of low back pain and upper back pain, primarily on the right, extending into the hips and intermittently down to the left shin, but overall he does not have much in the way of leg pain. He had no radicular symptoms in findings. The medial branches, L3, L4 and L5 were injected bilaterally. The injured worker complained that his back and buttocks pain were worse with prolonged sitting. He has had no real leg pain, except for some extension in the right upper buttock. Physical examination of the lumbar spine and lower extremities revealed the injured worker walked with a normal gait and has normal heel-toe swing-through gait with no evidence of limp. There was no evidence of weakness walking on the toes or the heels. In palpation there was palpable tenderness of the lower lumbar spine, as well as the bilateral sacroiliac joint and bilateral sciatic notches. Dorsalis pedis, posterior tibial pulses were present. Decreased sensation over the left L4, L5 and S1 dermatomal distribution. Range of motion, flexion was 40 degrees, extension was 10 degrees left lateral bend was 25 degrees and right lateral bend was 20 degrees. Straight leg raise was negative bilaterally at 90 degrees. However, straight leg raise does cause low back pain and buttocks pain. Positive pelvic distraction, right greater than left. Positive Fortens bilaterally. Positive pelvic compression test on the right, greater than the left. Positive

Gaenslen's bilaterally. Medications included Anaprox DS 550 mg and Norco 10/325 mg. Diagnoses included C4-7 disc degeneration, left C5-6 and bilateral C6-7 moderate foraminal stenosis, L4-S1 facet arthropathy, status post left tib fib fracture remote with hardware removal, hypertension, status post right ankle fracture, status post ORIF remote, right degenerative joint disease, status post left shoulder arthroscopy with acromioplasty and distal clavicle resection, hearing loss, left elbow degenerative joint disease and bilateral sacroiliac joint dysfunction. A Request for Authorization dated 06/09/2014 was for consultation for pain management, radiofrequency ablation of the L3-5 nerves. The rationale for the radiofrequency ablation the provided noted an improvement in the injured worker's symptoms by 30% of the lumbar region. The request for the pain consultation was for the injured worker may have additional pain generator.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Consultation-Pain Management with MPN Provider Modified to Follow Up Appointment with Pain Management Specialist.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits.

**Decision rationale:** Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted indicated the injured worker had already seen pain management on 03/26/2014. However, the injured worker should follow-up with same physician who seen him initially. There is no need for a "new" consultation. Given the above, the request for consultation pain management with MPN provider modified to follow-up appointment with pain management specialist is not medically necessary.

#### **Radiofrequency Ablation of the L3-L5 Nerves.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The CA MTUS/ACEOM states that there is a quality medical literature demonstrating that radiofrequency neurology of the facet joint nerves in the cervical spine provides good temporary relief pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled

differential dorsal ramus medial branch diagnostic blocks. The injured worker has complained of low back pain and upper back pain primarily on the right, extending into hips and intermittently down to the left shin, but overall he does not have much in the way of leg pain. The provider documented the injured worker had undergone medial branch blocks which was done on 04/22/2014 which improved his symptoms 30%. Injured workers however, the documentation submitted lacked outcome measurements of conservative care; and there were no long-term functional goals noted for the injured worker. Given the above, the request for radiofrequency ablation of L3- L5 nerves is not medically necessary.