MAXIMUS Federal Services

Case Number:	CM14-0150446		
Date Assigned:	09/18/2014	Date of Injury:	04/11/1991
Decision Date:	12/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 is a 59 year old male suffered an industrial related injury after twisting his body and experiencing a sharp spasm pain in his lower back on 4/11/91. The injured worker underwent back surgery including L4-5 fusion in 2006. The treating physician's report dated 5/3/13 noted the injured worker had complaints of lower backache and right shoulder pain. The physician noted the injured worker was stable on the current medication regimen and the regimen had not changed in greater than six months. Function and activities of daily living had improved optimally on current doses of medications. Medications included Duragesic 25mcg/hour patch, Ibuprofen 800mg, Norco 10/325, Voltaren 1% gel, and Skelaxin 800mg. A computed tomography scan done on 6/18/14 revealed solid anterior and posterior decompression and fusion at L4-5 with no residual central or foraminal stenosis stabilizing the grade 1 anterolisthesis, severe L1-2 degenerative disc disease with severe endplate sclerosis and irregularity, and levoscoliosis with degenerative foraminal stenosis worst on the left L1-2 level. A MRI done on 10/15/14 revealed L2-3 severe facet and ligamentum flavum hypertrophy with mild annular bulge is narrowing the AP diameter of the thecal sac to 11mm and foraminal stenosis is mild bilaterally. The MRI also revealed L3-4 moderate to severe facet and ligamentum flavum hypertrophy with 2-3 mm broad based disc bulge but there was no significant central canal stenosis. Posterior decompression that had been done at the level below and this level is relatively widened with an AP diameter of thecal sac 19mm. Foraminal stenosis was noted to be moderate to severe on the left and mild on the right. The treating physician's report dated 11/14/14 noted restricted range of motion of the lumbar spine with extension limited to 15 degrees and lateral rotation limited to 30 degrees. On palpation of the paravertebral muscles, spasm, tenderness, and a tight muscle band was noted on the left side. Trigger point with radiating pain and twitch response was noted upon palpation of the lumbar paraspinal muscles on

the right and left. Diagnoses included lumbar disc disorder, low back pain, and spasm of the muscle. The injured worker had received left sided lumbar facet injections at L3-4, and a medial branch block at the left sacral ala which was noted to have provided excellent pain relief. The L5-S1 facet joint could not be injected due to technical difficulties. The work status was noted to be permanent and stationary. The treating physician recommended lumbar radiofrequency ablation at L3-4 and sacral ala. Additional information was requested by UR about quantification of the relief. It was then reported that the relief was 40 percent for 1 week. On 9/11/14 the utilization review (UR) physician denied the request for left lumbar radiofrequency ablation at L3-4 and sacral ala. The UR physician noted guidelines recommended a plan of evidence based conservative care in addition to the ablation treatment which was not provided in the documentation. The UR physician noted given the lack of quantified improvement from the diagnostic injection as well as lack of a conservative treatment plan the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 and sacral ala radiofrequency ablation: 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): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Radiofrequency Ablation of Facet Joints.

Decision rationale: The injured worker has chronic low back pain status post decompression and fusion at L4-5. There is recent MRI evidence of very severe degenerative disc disease in the right half of the L1-2 disc associated with facet hypertrophy narrowing the spinal canal to 12 mm at this level. Foraminal stenosis is severe on the right and mild to moderate on the left. At L2-3 the spinal canal narrows further to 11 mm. At L3-4 moderate to severe facet and ligamentum flavum hypertrophy and a 2-3 mm bulge eccentric to the left does not cause spinal stenosis. Decompression and fusion at L4-5 is solid but there is moderate to severe foraminal stenosis on the left. The L5-S1 level is relatively benign. With respect to the radiofrequency ablation of the facet joints the documentation indicates that a facet injection was performed at L3-4 on the left, and a medial branch block at the left ala of the sacrum. The L5-S1 injection was attempted but was not technically possible. In response to a request from UR about quantification of the results it was stated that the relief obtained was 40% and lasted for one week. Based upon these results a radiofrequency facet rhizotomy is requested. California MTUS guidelines indicate good quality literature for this procedure in the cervical spine but not the lumbar spine. The results are mixed. Quantification of the results of the blocks with reported 40 percent relief for 1 week is not sufficient to warrant radiofrequency facet ablation. ODG criteria require 70 percent or better pain relief with the blocks. Furthermore, the latest MRI scan indicates that facet ablation at L3-4 on the left and sacral ala on the left is not likely to address the pathology discussed above. In light of the above, the request for radiofrequency ablation of the left L3-4 facet joint and the left ala of the sacrum is not medically necessary.