

Case Number:	CM14-0059303		
Date Assigned:	09/03/2014	Date of Injury:	04/10/2013
Decision Date:	10/02/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/30/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 50-year-old female who reported an injury on 04/10/2013 due to being struck by a van while standing by her bus. The injured worker complained of lower back pain. The diagnoses included left shoulder pain, left foot pain, and lower back pain. The MRI of the lumbar spine revealed a large fibroid uterus. No other abnormalities noted. The physical examination dated 02/06/2014 revealed restricted range of motion with flexion limited to 75 degrees and extension limited to 12 degrees; on palpation, paravertebral muscles with hypertonicity and tenderness noted bilaterally; lumbar facet loading was positive bilaterally, and sensory examination revealed light touch sensation was normal bilaterally. The medications included Flexeril, Voltaren, trazodone, Norco, Astelin, and Butrans. Prior treatments included medication, physical therapy to the shoulder and radiofrequency ablations, and injections. The Request for Authorization dated 09/03/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation at bilateral L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200, 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The request for Lumbar radiofrequency ablation at bilateral L3 is not medically necessary. The California MTUS/ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines (ODG) indicates radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical notes indicated the injured worker has had prior radiofrequency ablations with a greater than 50% decrease in pain. The clinical notes indicated that upon physical exam that the injured worker was able to do a right leg stance, straight leg single stance to the right, however, did not indicate on the left if positive or negative. The MRI was not available for review. The clinical note did not indicate the efficacy of the pain medication. The physical therapy notes were related to the right shoulder. The guidelines do not indicate radiofrequency ablations for the lower back and indicate for no more than 2 levels. The 5 requests were for 5 different levels. As such, the request is not medically necessary.

Lumbar radiofrequency ablation at bilateral L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200, 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The request for Lumbar radiofrequency ablation at bilateral L4 is not medically necessary. The California MTUS/ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of 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. As

there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines (ODG) indicates radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical notes indicated the injured worker has had prior radiofrequency ablations with a greater than 50% decrease in pain. The clinical notes indicated that upon physical exam that the injured worker was able to do a right leg stance, straight leg single stance to the right, however, did not indicate on the left if positive or negative. The MRI was not available for review. The clinical note did not indicate the efficacy of the pain medication. The physical therapy notes were related to the right shoulder. The guidelines do not indicate radiofrequency ablations for the lower back and indicate for no more than 2 levels. The 5 requests were for 5 different levels. As such, the request is not medically necessary.

Lumbar radiofrequency ablation at bilateral L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200, 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The request for Lumbar radiofrequency ablation at bilateral L5 is not medically necessary. The California MTUS/ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines (ODG) indicates radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical notes indicated the injured worker has had prior radiofrequency ablations with a greater than 50% decrease in pain. The clinical notes indicated that upon physical exam that the injured worker was able to do a right leg stance, straight leg single stance to the right, however, did not indicate on the left if positive or negative. The MRI was not available for review. The clinical note did not indicate the efficacy of the pain medication. The physical therapy notes were related to the

right shoulder. The guidelines do not indicate radiofrequency ablations for the lower back and indicate for no more than 2 levels. The 5 requests were for 5 different levels. As such, the request is not medically necessary.

Lumbar radiofrequency ablation at bilateral S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200, 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The request for Lumbar radiofrequency ablation at bilateral S1 is not medically necessary. The California MTUS/ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines (ODG) indicates radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical notes indicated the injured worker has had prior radiofrequency ablations with a greater than 50% decrease in pain. The clinical notes indicated that upon physical exam that the injured worker was able to do a right leg stance, straight leg single stance to the right, however, did not indicate on the left if positive or negative. The MRI was not available for review. The clinical note did not indicate the efficacy of the pain medication. The physical therapy notes were related to the right shoulder. The guidelines do not indicate radiofrequency ablations for the lower back and indicate for no more than 2 levels. The 5 requests were for 5 different levels. As such, the request is not medically necessary.

Lumbar radiofrequency ablation at bilateral sacral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200, 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The request for Lumbar radiofrequency ablation at bilateral sacral is not medically necessary. The California MTUS/ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines (ODG) indicates radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical notes indicated the injured worker has had prior radiofrequency ablations with a greater than 50% decrease in pain. The clinical notes indicated that upon physical exam that the injured worker was able to do a right leg stance, straight leg single stance to the right, however, did not indicate on the left if positive or negative. The MRI was not available for review. The clinical note did not indicate the efficacy of the pain medication. The physical therapy notes were related to the right shoulder. The guidelines do not indicate radiofrequency ablations for the lower back and indicate for no more than 2 levels. The 5 requests were for 5 different levels. As such, request is not medically necessary.