

Case Number:	CM14-0071083		
Date Assigned:	07/14/2014	Date of Injury:	11/04/1997
Decision Date:	08/27/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 69 year old female who reported an injury on 11/04/1997. The injured worker reportedly strained the lower back while getting into the car. The injured worker's treatment history included physical therapy, aquatic therapy, epidural steroid injections, joint injections, medial branch block, medications, and a CT scan. The injured worker was evaluated on 03/28/2014, and it was documented the injured worker complained of low back pain referring to the left more than the right lower extremities. The injured worker rated the pain as 7/10 without medication and 1/10 to 2/10 with medication. A lumbar spine examination revealed hyperalgesia over the left more than right L3-4, L4-5, and L5-S1 segments. There was a healed surgical scar on the lower back. Lordosis was decreased. Flip test bilaterally to 60 degrees with referral to the right hamstring and left lateral calf. Dysesthesias were located over the left anterior lateral ankle. Deep tendon reflexes were 2/4 on the right patella, 1 /4 on the left patella and right ankle, and 0/4 on the left ankle. Forward flexion was 55 degrees with moderate pain. Extension was 20 degrees with moderate pain referring to the left lower extremity. Bilateral lateral flexion was 15 degrees on the right and moderate pain on the left. Bilateral rotation was 35 degrees with moderate pain on the left. The provider noted the injured worker had undergone a medial branch block to the left L4-5 segments in 02/2014, and because she responded favorably she was requesting that [REDACTED] to perform the radiofrequency ablation to the left L4-5, L5-S1 segments. The documentation submitted failed to provide outcome measurements of the medial branch block that was performed in 02/2014. Medications included Oxycodone, Clonazepam, Lidoderm, and Flector patches. The diagnoses included status post bilateral total hip replacement, status post L4-5, L5-S1 fusion, pubic symphysis arthralgia bilateral sacroiliac arthralgia, left more than right, Dupuytren's contractures, and bilateral

sciatica. The request for authorization dated 04/17/2014 was for lumbar radiofrequency ablation, left L4-5, L5-S1 however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar RFA left L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back (updated 03/31/14)Facet Joint Radiofrequency Neurotomy.

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

Decision rationale: The ACEOM Guidelines states that there is a quality medical literature demonstrating that radiofrequency neurotomy 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 provider documented the injured worker had undergone a median branch block to the left L4-L5 segments on 02/2014 however the outcome measurements were not submitted for this review. The documentation submitted indicated the injured worker had conservative care; however, there was lack of evidence of conservative care outcome measurements of improvement noted. In addition, there were no long-term functional goals noted for the injured worker. As such, the request is not medically necessary and appropriate.