

Case Number:	CM14-0090837		
Date Assigned:	07/25/2014	Date of Injury:	06/20/2013
Decision Date:	10/07/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year old female with a work injury dated 6/20/13. She was working as a certified nursing assistant when a patient fell on her and she tried to catch them. The diagnoses include back pain lumbar disc disorder without myelopathy; lumbar radiculopathy. Under consideration is a request for Radio Frequency Ablation Left L4-5 and L5-S1. There is a primary treating physician report dated 5/12/14 that states that the patient presented with "back pain in the lower back which radiates to the left hip." Symptoms are described as pins and needles. The symptom is alleviated by medication and sitting. The symptom is exacerbated by walking, standing and sitting. The reported pain severity is moderate. The complaint moderately limits activities. She had an epidural steroid injection which lasted 1 week. She also had 8 physical therapy visits, which physically did nothing that she can see. On inspection- the lumbar spine has no deformity, erythema, soft tissue swelling, ecchymoses or atrophy; palpation; severe tenderness is present at the left low back and buttock; range of motion; lumbar flexion is normal; lumbar extension is moderately decreased; Specialized tests; the straight leg in the sitting position is positive on the left; Left facet load (Kemps test) negative; Right facet load (Kemps test) negative Neurologic: strength and motor- the motor examination of the lower extremities 5/5 bilaterally; sensation; overall: intact to light touch; touch: (specify location of deficit): decreased on the left in the S1 dermatome, decreased on the left in the LS dermatome and decreased on the left in the L4 dermatome; deep tendon reflexes; overall: deep tendon reflexes intact. Overall: no antalgia or ataxia. MRI dated 7/2013 shows a small tear at L4-5 with some mild to moderate central stenosis is coming from a central bulge at L5-S 1. There is also facet arthropathy at L4-S 1. X-rays reviewed show very little degenerative disc disease and no instability. The treatment plan was a recommendation for a medial nerve branch block at (L) L4-

5 and L5-S1. If that helps her pain, we will then move forward with an RFA at the same levels. Once that is completed, if the patient is still complaining of leg pain, then we would recommend most likely a repeat MRI to update this and possibly ESI at L4-5 on the left. That will be decided after the RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio Frequency Ablation Left L4-5 and 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 (ODG), Treatment in Workers Comp, Online Edition. Chapter: Low Back Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Facet Joint Radiofrequency Neurotomy.

Decision rationale: Radio Frequency Ablation Left L4-5 and L5-S1 is not medically necessary per the MTUS ACOEM and ODG guidelines. The ACOEM guidelines state that "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. There is no documentation that the patient has had a medial branch block prior to an attempted ablation. The ODG guidelines state that treatment requires a "diagnosis of facet joint pain using a medial branch block prior to ablation." The ODG states that suggested "indicators of pain related to facet joint pathology reveal an absence of a positive straight leg raise test." The documentation indicates that the patient has radicular symptoms with a positive straight leg raise. This does not suggest a purely facet related pathology and therefore a medial branch block which is required prior to radiofrequency would not be indicated. The request for Radio Frequency Ablation Left L4-5 and L5-S1 is not medically necessary.