

Case Number:	CM14-0201760		
Date Assigned:	12/12/2014	Date of Injury:	05/25/2006
Decision Date:	02/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine 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:

This patient is a 53-year-old male with date of injury of 05/25/2006. Per treating physicians report 11/04/2014, the patient presents with low back pain, bilateral hip, buttocks, and leg symptoms with numbness and tingling in the legs extending from the knees to the toes. Pain intensity is an 8/10. This report does not include any examination findings other than weight, height, BMI, etc. The listed medications include: 1. Norco. 2. Topamax. 3. LidoPro ointment. 4. Lisinopril. 5. Omeprazole. The listed diagnoses are: 1. Multilevel degenerative disk disease, L-spine. 2. Spondylolisthesis L3-L4, L4-L5. 3. Facet arthropathy L3-L4, L4-L5. 4. Right L5-S1 lumbar radiculopathy. Under discussion, the treating physician indicates that previously requested dorsal medial branch blocks were denied by the utilization review with the rationale that the patient already had a positive response to medial branch blocks. Therefore, the treating physician is requesting radiofrequency ablations bilaterally at L3, L4, and L5. 10/07/2014 report by the same physician shows that the patient has constant low back pain, frequent shooting pains down through both buttocks to the backs of the thighs with tingling in his feet and toes. Patient has right lower extremity symptoms worse than the left leg symptoms but the low back pain is worse than the lower extremity pain. Examination is significant for tenderness and guarding of the lumbar paraspinal musculature, increased pain with extension maneuvers, and examination of the lower extremities are unremarkable. The request for radiofrequency ablation was denied by utilization review letter dated 11/25/2014 and the rationale was "documentation notes that the patient received good relief following a prior medial branch block; however, that response was not quantified." Additionally, there was an EMG finding with positive right-sided radiculopathy at L5-S1. The treating physician reviewed the MRI scan from 10/20/2011 that showed degenerative changes with facet arthropathy, retrolisthesis at L3-L4 grade 1 anterolisthesis at L5-S1, central canal

stenosis at L4-L5, moderate. Electrodiagnostic studies were from 08/01/2011 which was abnormal, showing decreased amplitude of right tibial motor response maybe suggestive of right L5/S1 radiculopathy, but the absence of myotome abnormalities precludes more definitive diagnosis or more precise localization of the affected root levels. Treatment reports were provided from 01/02/2014 to 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFA Ablation at L3-5 Bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine chapter under facet joint syndrome radiofrequency ablation.

Decision rationale: This patient presents with chronic low back pain with radicular symptoms down both lower extremities, worse on the right side than the left side. The current request is for Radiofrequency Ablation AT L3, L4, L5 bilaterally, per progress report 11/04/2014. This request was denied by utilization review letter dated 11/25/2014, with a rationale that the previous dorsal medial branch diagnostic block response was not quantified and that the electrodiagnostic studies showed diagnosis of radiculopathy. Regarding radiofrequency ablation, ACOEM Guidelines page 300 and 301 state, "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 ODG Guidelines lumbar spine chapter under facet joint syndrome radiofrequency ablation section requires a clear diagnosis of facet joint syndrome via positive dorsal medial branch diagnostic blocks to be able to perform radiofrequency ablation. The ODG Guidelines lumbar spine chapter under facet joint syndrome requires paravertebral tenderness, negative sensory examination, no radicular symptoms, although pain can at times radiate below the knee, and negative straight leg raise testing. In this case, review of the reports shows that the patient clearly and consistently experiences significant radiating symptoms, right side greater than the left side. Reports reviewed from 04/11/2014, 05/08/2014, 11/04/2014 all show that the patient has significant radiating symptoms down the leg. Examination findings from 04/11/2014 showed positive straight leg raise testing with positive sensory deficits in the lower extremity. The EMG/NCV studies suggested a diagnosis of radiculopathy, although the findings were not diagnostic. Review of the reports also does not clearly show that this patient has had dorsal medial branch diagnostic blocks in the past with 70% or more reduction of symptoms commensurate to the duration of the anesthetic agent used. The treating physician does not discuss the previous dorsal medial branch diagnostic blocks. Review of the reports only showed an epidural steroid injection which was performed on 10/03/2011. Therefore, the requested radiofrequency ablation is not medically necessary.

Outpatient Facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine chapter under facet joint syndrome radiofrequency ablation.

Decision rationale: This patient presents with chronic low back and significant symptoms down to both lower extremities. The current request is for use of outpatient facility to perform radiofrequency ablations at L3 to L5. As previously discussed, the request for radiofrequency ablation is not recommended for authorization; therefore, the use of outpatient facility would not be necessary. The requested outpatient facility is not medically necessary.