

<b>Case Number:</b>	CM14-0060433		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

According to the records made available for review, this is a 44-year-old male with a date of injury on 08/30/2012. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 04/03/2014 indicated the diagnoses of discitis/annular fissure, low back pain, lumbar strain, and lumbar radiculopathy. Subjective findings from 04/03/2014 indicated continued complaints of intermittent back pain that radiates to the right thigh. Physical examination was notable for no apparent distress, but did note that the injured worker had to alternate from sitting to standing. Chiropractic documentation from 03/24/2014 noted the injured worker to have a pain rating of seven on a scale of one to ten. Lower back pain is described as sharp and occurs with bending, stooping, and walking. Prior treatments offered to the injured worker included physical therapy, chiropractic therapy, injections to the affected area, nerve blocks, and a medication regimen of Ultram Extended Release, Tiger Balm Patches, Norco, Tramadol, Lidoderm Patches, Ibuprofen, and Elavil. Documentation from the treating chiropractor noted a reduction in the injured worker's pain secondary to the medication regimen and chiropractic therapy, but also notes that the pain does interfere with activities of work and housework. Physician documentation from 04/03/2014 also noted the chiropractic therapy to be helpful. While documentation indicated that chiropractic treatments and medication regimen to have improved the pain, the documentation of these records did not provide specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 04/03/2014 noted a work status of off work. On 04/16/2014, Utilization Review non-certified lumbar physical medicine and rehabilitation referral. The lumbar physical medicine and rehabilitation referral was non-certified based on ACOEM Guidelines indicating to not support such procedures. Official Disability Guidelines (ODG), notes that repeated radiofrequency should not occur prior to less than six months from the first treatment and

neurotomy should not be repeated unless there is documentation of greater than fifty percent relief within twelve weeks of the procedure. Utilization Review noted that the documentation did not indicate that this criterion was met.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar PM&R (Physical Medicine and Rehabilitation) Referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint radiofrequency neurotomy

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. The documentation submitted for review indicates that the requested Physical Medicine and Rehabilitation (PM&R) is for consideration of repeat radiofrequency ablation. The injured worker previously had radiofrequency ablation 9/3/13. Per the Official Disability Guidelines (ODG), "While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period." The submitted documentation does not state the duration of relief after the first neurotomy and without this information the procedure is not indicated. Therefore, this request is not medically necessary.