

Case Number:	CM15-0109796		
Date Assigned:	06/16/2015	Date of Injury:	02/27/2001
Decision Date:	07/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male who sustained an industrial injury on 2/27/01. Diagnoses are myalgia/myositis, radiculopathy thoracic or lumbosacral, sleep disorder, lumbar spondylosis without myelopathy, chronic pain due to trauma, sacroiliitis, facet arthropathy, and low back pain. A primary treating physician progress note dated 4/30/15 reports low back pain at a severe level and the problem is worsening. It occurs persistently. Pain is radiated bilaterally to the calves, feet, and thighs and is described as an ache, burning, deep, piercing, sharp and shooting. Symptoms are aggravated by ascending/descending stairs, bending, changing positions, flexion, jumping, lifting, standing, walking coughing, daily activities, rolling over in bed and while at rest. Symptoms are relieved by heat, ice, injection and pain medications/drugs. The injured worker reports that he is having more pain recently at work with increased activity for the coming summer and he desperately wants to continue working. Medication changes were discussed at this visit as his medication regimen has proven to improve his functioning to the point he has returned to work. He is up to date on his urine drug screens. He has repeatedly benefited from lumbar medial branch nerve radiofrequency rhizotomies, the last one was done on 9/5/14. He has had his pain decreased up to 50% of his facetogenic pain and was more able to tolerate continued work with no restrictions combined with his medications. Pain is noted as 9 out of 10 without medications, 5 out of 10 with medications, and he rated his pain intensity and interference as 9 out of 10 in the last month. Physical exam of the lumbar spine notes tenderness at the paraspinal facet, mild spasm, and pain at the facet joints worsened with loading maneuvers, active painful range of motion. Lateral flexion on the right and left is 10 degrees,

rotation right and left is 30 degrees, extension 10 degrees, and flexion is 55 degrees. There is a severe restriction on extension. Straight leg raise is negative bilaterally. In a primary treating physician note dated 1/8/15 the injured worker reports his pain level at 9 out of 10 without medications, 6 out of 10 with medications and intensity and interference as 4 out of 10 in that last month. A 4/30/15 treating physician report notes work status as permanent and stationary and that he is working full time. Previous treatment includes Soma, Percocet, Duragesic patch, Diazepam, Cymbalta, Ibuprofen, Acetaminophen, and Ketorolac. The treatment requested is radiofrequency ablation of the lumbar/sacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One radiofrequency ablation of the lumbar/sacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3001-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint radio frequency neurotomy (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: With regards to repeat radiofrequency ablation of the lumbar spine, the guideline states the following: While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is 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 years period. Within the submitted documentation, the patient has had radiofrequency ablation of lumbar spine in 9/2014. However, the documented relief of pain is >50% of for a short non-sustained time framed, whereas the guideline recommend documentation of 6 months of relief. As such, the request for repeat radiofrequency ablation of lumbar spine is not medically necessary.