

Case Number:	CM15-0131684		
Date Assigned:	07/17/2015	Date of Injury:	10/22/2014
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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

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 41 year old male with an industrial injury dated 10/22/2014. The injured worker's diagnoses include hernia, pain in limb, Iliogingual neuralgia and lumbosacral spondylosis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/22/2015, the injured worker reported unchanged pain level since previous visit. The injured worker rated pain a 4/10 with medications and an 8/10 without medications. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/27/2014 revealed degenerative disc disease L4-5 and L5-S1 level, superior L5 endplate Schmorl node deformity, degenerative facet arthropathy L4-5 and L5-S1 level and 4mm L5-S1 spondylolisthesis. Physical exam revealed mild pain, antalgic gait, tenderness to palpitation on the right side of lumbar paravertebral muscles and positive straight leg raises on the left side. The treatment plan consisted of medication refill and LRFA (lumbar radiofrequency ablation). The treating physician requested services for lumbar radiofrequency ablation, L3, L4, L5 and sacral, bilaterally now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation, L3, L4, L5 and sacral, bilaterally: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with low back pain rated 4/10 with and 8/10 without medications. The request is for LUMBAR RADIOFREQUENCY ABLATION, L3, L4, L5 AND SACRAL, BILATERALLY. The request for authorization is dated MRI of the lumbar spine, 10/27/14, shows degenerative disc changes L4-5 and L5-S1 level; superior L5 endplate Schmorl node deformity; degenerative facet arthropathy L4-5 and L5-S1 level; 4 mm L5-S1 spondylolisthesis. Physical examination of the lumbar spine reveals on palpation, paravertebral muscles, tenderness is noted on the right side. Straight leg raising test is positive on the left side in sitting at 80 degrees. On sensory examination, light touch sensation is decreased over lateral foot, medial foot and medial calf on the right side. Quality of sleep is poor. Activity level has remained the same. Patient's medications include Lyrica, Norco, Cyclobenzaprine and Ibuprofen. Per progress report dated 05/22/15, the patient is temporarily totally disabled. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. 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 year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." Per progress report dated 05/22/15, treater's reason for the request is "MBB showed positive results at L3, L4, L5, and sacral ala." The treater has discussed low back pain and documented improvement with prior MBB to requested levels. Given patient's positive response, a RFA would appear to be indicated. However, ODG requires for RFA when there is at least initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. In this case, treater does not specifically discuss the amount of pain relief nor how long the pain relief lasted. Additionally, physical examination reveals straight leg raising test is positive on the left side. A RFA is not recommended when radicular findings are present. Finally, the request is for 3 levels, but ODG guidelines limits RFA to no more than 2 joint levels at one time. Therefore, the request IS NOT medically necessary.