

Case Number:	CM15-0138098		
Date Assigned:	07/28/2015	Date of Injury:	11/24/2010
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 57-year-old female who sustained an industrial injury on 11/24/10. Injury occurred relative to a slip and fall on her left side. Past medical history was positive for diabetes mellitus, hypertension, kidney cancer (nephrectomy), and obesity. The 8/2/11 lumbar spine MRI documented bilateral pars defects with grade 1 anterolisthesis of L5 on S1 with severe bilateral neuroforaminal narrowing. At L4/5, there was a mild annular disc bulge with a left posterolateral annular fissure and no central canal stenosis or neuroforaminal narrowing. At L2/3, there was a mild degenerative retrolisthesis of L2 on L3 with mild annular disc bulge and moderate bilateral neuroforaminal narrowing. The 9/13/11 electrodiagnostic study findings documented evidence of a right L5 radiculopathy. Conservative treatment included medications, epidural steroid injections, and activity modification. The 7/1/15 treating physician report cited severe back pain with ambulation, and a feeling of "crawling ants" over the right medial thigh. She could not walk for any distance due to pain. Pain inhibited sitting or lying in bed. Physical exam documented limited lumbar range of motion with pain in all planes, severe right low back tenderness with muscle tightness over the facet joints, and moderate tenderness over the left paraspinals. There was 5/5 lower extremity motor strength, hypersensitivity over the right L4 and L5 dermatomes, hyper-reflexic right Achilles reflex as compared to the left, and symmetrical patellar reflexes. Straight leg raise was positive on the right. The diagnosis was degenerative spine disease with right lumbar radiculopathy and symptoms of severe facet arthrosis. She was overweight at 5'3" and over 320 pounds. She was trying to lose more weight. She had residual right lower extremity radiculopathy after the last epidural steroid injection. The treating

physician report recommended minimizing the steroid injections to avoid interference of her weight loss program. The treatment plan recommended a radiofrequency ablation of the medial branch nerve of the lower levels to decrease back pain and give her advantage of increasing her mobility for weight loss. Authorization was requested for radiofrequency ablation medial branch neurotomy right L4 and L5, DBN L5 of the low back. The 7/9/15 utilization review non-certified the request for radiofrequency ablation as the injured worker was diagnosed with a lumbar disc lesion and lumbar radiculopathy which is an exclusionary finding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation medial branch neurotomy right L4 and L5, DBN L5 of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines (ODG) indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with low back pain with right lower extremity radiculopathy. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at the L4/5 and L5/S1 levels. There is no evidence of a medial branch diagnostic blocks in the submitted records. Guidelines do not support facet joint diagnostic blocks in the presence of radicular low back pain. Therefore, this request is not medically necessary.