

Case Number:	CM15-0142565		
Date Assigned:	08/03/2015	Date of Injury:	06/07/2013
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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 56-year-old male who sustained an industrial injury on 6/7/13. Injury occurred while he was stocking and lifting cases of water and pulling pallets, with onset of low back pain. Records indicated that the injured worker underwent lumbar facet block on 12/12/13 which was reported with 100% improvement for 2 weeks, followed by pain return. Left L4/5 and L5/S1 diagnostic medial branch blocks were recommended on 2/24/14 with no evidence in the provided records that this was performed. Recent conservative treatment included physical therapy and activity modification. The 6/12/15 treating physician report cited on-going left sided low back pain. Physical exam documented a protuberant abdomen, minimal tenderness over the lumbar spine, normal gait, and no difficulty with toe/heel walking, repeated deep knee bends, or duck walking. Lumbar range of motion was mildly limited in extension, rotation, and lateral flexion. Straight leg raise was negative bilaterally. Lasegue's, Fabere, bowstring, and Naffziger signs were negative. There was no sciatic tenderness. Neurologic exam documented normal motor, sensation, and reflexes. The 4/3/15 PQME report was reviewed with noted recommendation for left sided L4/5 and L5/S1 rhizotomy. Authorization was requested for radiofrequency thermo-coagulation, left L4/5 and L5/S1. The 6/24/15 utilization review non-certified the request for radiofrequency thermo-coagulation, left L4/5 and L5/S1, as there was no documentation of the results of the left medial branch block to support the medical necessity of this request. The 7/10/15 treating physician report cited continued pain throughout his lumbar spine which was aggravated by everything and relieved by nothing. Physical exam was unchanged. The treatment plan recommended an updated MRI and documented instruction in

exercise and weight loss. The 7/29/15 lumbar spine MRI impression documented lateral spur formation from mild degenerative changes. There was L4/5 disc desiccation with central disc protrusion narrowing the ventral thecal sac, significant bilateral lateral recess narrowing, and separation of the left facet joint consistent with facet arthritis. At L5/S1, there was disc desiccation with central disc protrusion narrowing the ventral thecal sac, and mild to moderate lateral recess narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Thermocoagulation, Left Lumbar L4-L5 and L4-S1 (sacroiliac), outpatient: 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): 300-301. 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 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. Guideline criteria have not been met. This injured worker presents with on-going low back pain. Physical exam documented minimal lumbar spine tenderness. There is imaging evidence of facet joint arthritis at the L4/5 level. However, there is no evidence in the available medical records of a diagnostic medial branch block with results consistent with guidelines to support a facet joint radiofrequency procedure at this time. Therefore, this request is not medically necessary at this time.