

Case Number:	CM15-0143984		
Date Assigned:	08/04/2015	Date of Injury:	04/12/1995
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old male, who sustained an industrial injury on 4-12-95. He reported back pain. The injured worker was diagnosed as having lumbago, spinal stenosis of an unspecified region, post laminectomy syndrome of an unspecified region, and lumbar radiculitis. Treatment to date has included medial branch blocks, 3 laminectomies, a discogram, epidural injections, L3-S1 facet joint injections, physical therapy, chiropractic treatment, TENS, massage, and medication. Physical examination findings on 6-25-15 included bilateral positive straight leg raises and Patrick's maneuver was positive bilaterally. Currently, the injured worker complains of low back pain. The treating physician requested authorization for L4-5 and L5-S1 radiofrequency thermal coagulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 Radiofrequency thermal coagulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injection Low back section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, L4 - L5 and L5 - S1 radiofrequency thermal coagulation is not medically necessary. The guidelines state "if successful (initial pain relief of 70%, plus pain relief of at least 50% for duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy." Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. And there should be evidence of a formal plan of additional evidence-based conservative care in addition to fast joint therapy. In this case, the injured worker's working diagnoses are lumbago; spinal stenosis unspecified region; post laminectomy syndrome unspecified region; and lumbar radiculitis. The date of injury is April 12, 1995. According to a progress note dated May 26, 2015, the injured worker's interim medical history includes a medial branch block performed September 16 2014 that provided 60% relief over two months. It was an improvement in ADLs. The worker had three laminectomies, facet joint block, epidural and to radiofrequency thermal coagulations. The injured worker takes OxyContin, oxycodone, Cymbalta and testosterone gel. Subjectively, there was low back pain that radiates to the legs. Objectively, cervical spine examination was unremarkable. The lumbar spine was tender to palpation over the bilateral paraspinal muscle groups. Range of motion is decreased. Motor examination is normal and sensory examination is normal. The treatment plan states the treating provider wants to perform a bilateral L4-L5 and L5-S1 radiofrequency thermal coagulation based on a prior medial branch block performed September 2014 with good relief. The medial branch blocks from September 2014 provided 60% improvement over two months. The guidelines state "if successful (initial pain relief of 70%, plus pain relief of at least 50% for duration of at least six weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy." The injured worker had 60% pain relief for approximately 2 months. The criteria for subsequent radio frequency has not been met (initial pain relief of 70%). Consequently, absent clinical documentation according to the recommended guidelines with medial branch block initial pain relief of 70%, L4-L5 and L5-S1 radiofrequency thermal coagulation is not medically necessary.