

Case Number:	CM15-0146858		
Date Assigned:	08/07/2015	Date of Injury:	05/10/2010
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

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 53 year old female, who sustained an industrial injury on 5-10-10 Initial complaint was the result of a slip and fall on the right side. The injured worker was diagnosed as having spasm of muscle; lumbar facet syndrome; spine and lumbar degenerative disc disease (DDD); low back pain; lumbar disc displacement without myelopathy. Treatment to date has included physical therapy; TENS unit; aquatic therapy; home exercise program; right medial branch block L3, L4, L5 and S1 (3-22-13); left lumbar medial branch block L3, L4, L5 and S1 (11-22-13); urine drug screening; medications. Diagnostics studies included MRI of the lumbar spine (7-27-12). Currently, the PR-2 notes dated 6-17-15 indicated the injured worker complains of neck pain, lower backache and right upper extremity pain. Pain level has increased since her last visit as she has not had her Neurontin. She has been taking Norco and rating her pain level as 6 out of 10, but without any medications it would be 9 out of 10. Her quality of sleep is reported as poor and worsened since she has no Neurontin. The provider notes her frustration with the denial for procedures. Her low back pain is on the right lumbar side. She has had a previous procedure performed on the left as radiofrequency ablation on 11-22-13 and she still has ongoing relief on the left. She is a right medial branch block L3, L4, L5 and S1 on 3-22-13. Aquatic therapy has been authorized. A MRI of the lumbar spine is dated 7-27-12 and documented by the provider in his notes with impression of disc desiccation at the lower lumbar levels. There is facet arthrosis at L4-L5 and L5-S1 causing mild left neural foraminal narrowing. No nerve root compression or central canal narrowing. On physical examination of the lumbar spine the provider notes no scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine. Range of motion is restricted with flexion limited to 80 degrees, extension

limited to 10 degrees by pain and more pain on extension. On palpation the paravertebral muscles notes tenderness and tight muscle band on the left side. She can heel-toe walk. The lumbar facet loading is positive on the right side. Straight leg raising test is negative. Tenderness is noted over the sacroiliac spine and positive tender to palpation over the right side of the facet joints and sacrum at L3, L4, L5 and S1. He is requesting right sided medial branch blocks stating these were denied because they are considered more than two levels. On physical examination the injured worker has more pain with extension that is relieved by forward flexion. She has tenderness on the right side of the lumbar spine at L3, L4, L5 and S1 with positive facet loading on the right side. She has negative straight leg raising. The provider is requesting authorization of lumbar radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 & Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for right upper extremity, neck, and low back pain. When seen, her BMI was nearly 38. Physical examination findings included decreased and painful lumbar spine range of motion with positive right-sided facet loading. Straight leg-raising was negative. There was sacroiliac and right-sided facet joint and sacral tenderness. There was tightness of the paraspinal muscles. The claimant had undergone lumbar medial branch blocks at L3, L4, L5, and S1 on 03/22/13. The assessment references requesting lumbar medial branch blocks but the request for authorization is for radiofrequency ablation treatment. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using properly performed diagnostic medial branch blocks. The accepted procedure for blocking the L4/5 and L5/S1 facet joints is through diagnostic blocks at the L3, L4, and L5 medial branches. In this case, the procedure performed in March 2013 included the S1 dorsal ramus and was not performed according to accepted standards. Additionally, the claimant's response in terms of duration of any pain relief and duration of pain relief as well as the medications used for the procedure was not provided. The requested medial branch radiofrequency nerve ablation does not meet the applicable criteria and is not medically necessary.