

Case Number:	CM15-0149427		
Date Assigned:	08/12/2015	Date of Injury:	12/07/2000
Decision Date:	09/29/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 58 year old male, who sustained an industrial injury on December 07, 2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar three to four disc protrusion, status post lumbar four to five and lumbar five to sacral one fusion, chronic low back pain, status post lumbar discectomy, lumbar spondylosis, lumbar annular tear, lumbar radiculitis, right chronic lumbar five radiculopathy, lumbar three to four facet arthropathy, and right knee strain. Treatment and diagnostic studies to date has included electromyogram with nerve conduction study, laboratory studies, status post caudal epidural steroid injection, status post right lumbar five and right sacral one nerve root block, medication regimen, status post right lumbar two and lumbar three medial branch radiofrequency ablation, Toradol injection, trigger point injections, status post lumbar three to four facet blocks, above noted procedure, and x-rays of the lumbar spine. In a progress note dated June 24, 2015 the treating physician reports complaints of pain to the right axial back, buttock, and mid lumbar region. The treating physician also noted that the pain to the right lower back radiates to the right lower leg, along with right leg fatigue and mild paresthesias. Examination reveals decreased range of motion to the lumbar spine with pain, decreased sensation to the lumbar five and sacral one distribution, tenderness to the right sciatic notch and lumbar paraspinal muscles with the right greater than the left, positive facet load with the right greater than the left mid lumbar region, tenderness to the mid lumbar region, tenderness to the lumbar facet joints with the right greater than the left, trigger points to the paralumbar region above the fusion, and positive straight leg raise to the right side. The treating physician requested a right lumbar two and lumbar three medial branch radiofrequency ablation with the treating physician noting that prior right lumbar two and three

medial branch radiofrequency ablation performed on July 31, 2013 resulted in a 60 to 70% pain reduction to the lumbar axial spine with the treating physician requesting a repeat noting that this procedure can be effective for up to six to twelve months and it has been two years since the injured worker had the prior ablation performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2, L3 MBRFA: 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), Treatment Index, 18 Edition (web), 2013 Treatment in Workers Compensation, Facet Joint Radiofrequency Neurotomy.

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) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with low back pain that radiates to the left lower extremity. The request is for right L2, L3 MBRFA. Patient is status post lumbar fusion surgery, date unspecified. Physical examination to the lumbar spine on 04/03/15 revealed tenderness to palpation to the paraspinal muscles and over the sciatic notch. Per 03/06/15 progress report, patient's diagnosis include lumbar facet syndrome, low back pain, status post lumbar fusion, muscle spasm, right chronic LS radiculopathy, L3-2 disk protrusion, status post L4-5 and L5-S1 fusion, chronic lower back pain, status post lumbar discectomy, thoracic or lumbar spondylosis with myelopathy, lumbar annular pain, lumbar radiculitis, L3-4 facet arthropathy, right knee strain, L3-4 disk protrusion, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbago, spasm of muscle, other symptoms referable to back, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis lumbar region without neurogenic claudication, spondylosis with myelopathy lumbar region, cervicgia, pain in the joint involving lower leg, and neuralgia, neuritis, and radiculitis unspecified. Patient's medications, per 07/22/15 progress report include Hydrocodone and Levitra. Patient's work status is modified duties. 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." The patient continues with low back pain radiating to the left lower extremity. In progress report dated 07/22/15, treater states that the patient is status post L5 selective nerve root block and right S1 selective nerve root block on 11/26/14 with excellent

results, over 70% improvement of the pain. In the same report, treater states, "He [patient] is s/p a right L2 and L3 MBRFA on 07/31/13 with 60-70% improvement in the pain >12 weeks, and likely longer." In the same report, the treater states that the patient had 60-70% improvement after his right L3-L4 facet blocks in the past on 2 separate occasions. For a repeat RFA, the ODG guidelines require 50% or more of pain improvement for at least 12 weeks. In addition, medication reduction AND functional improvement must be provided. While the treater documents pain reduction, there are no further discussion regarding medication reduction and any significant functional changes. The request is not medically necessary.