

Case Number:	CM15-0149856		
Date Assigned:	08/12/2015	Date of Injury:	10/29/2014
Decision Date:	09/10/2015	UR Denial Date:	07/27/2015
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: 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 was a 63-year-old male who sustained an industrial injury on 10/29/14. Injury occurred when he was hit from behind by a forklift impacting the low back, left leg and both ankles. Past surgical history was positive for right total hip replacement. The 1/17/15 lumbar spine MRI impression documented mild degenerative changes at L3/4 with mild right-sided foraminal narrowing, facet arthropathy at L4/5 causing minimal grade anterolisthesis of L4 with moderate right sided foraminal stenosis. There was obliteration of the perineural fat with possible impingement on the right L4 nerve root. The 7/20/15 treating physician report indicated that the injured worker was status post bilateral L4/5 and L5/S1 medial branch block on 7/8/15 with over 75% pain reduction for one week. He was able to walk for longer periods of time and returned to work. He continued to take Voltaren and Topamax but it was working better. He reported continued lumbar spine, bilateral ankle, and left knee and leg pain. Low back pain was intermittent moderate to severe and back to baseline. Low back pain was the mostly mechanical and stopped him from walking too far or standing too long. Physical exam documented limited lumbar range of motion, positive Kemp's, and positive bilateral facet loading. Pain was reproduced in extension, lateral flexion, and rotation bilaterally along the lower lumbar segments. The impression included lumbar degenerative spondylolisthesis with involved of the L4/5 and L5/S1 facet joints. He had 6 visits of physical therapy and an additional 10 visits had been denied. The treatment plan recommended continued Voltaren. Authorization was requested for bilateral L4-L5 and L5-S1 RFA (radiofrequency ablation) on separated days. The 7/27/15 utilization review non-certified the request for bilateral L4-L5 and L5-S1 RFA as there was prior

benefit to physical therapy, no procedure note to confirm solution was limited to 0.5 cc without steroids, and a pain log was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral RFA (radiofrequency ablation) Lumbar L4-L5 and L5-S1 (sacroiliac), (on separated days): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet joint radiofrequency neurotomy; Facet joint diagnostic blocks (injections).

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 been met. This injured worker presents with persistent mechanical low back pain with functional limitations in prolonged walking and standing. Clinical exam and imaging are consistent with facet joint pathology. The injured worker reported a 75% reduction in pain, improvement in function allowing return to work, and improved pain medication effect following medial branch blocks for up to one week. Therefore, this request is medically necessary.