

Case Number:	CM15-0163801		
Date Assigned:	09/01/2015	Date of Injury:	06/20/2012
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 60 year old male who sustained an industrial injury on 6-20-12 when he twisted to get out of his car at work. He was medically evaluated, had an MRI of the lumbar spine (2012) and was told his symptoms were originating from his lower back. Of note, in July of 2008 he fell onto his knees while twisting to restrain a combative parolee. He currently continues to experience ongoing pain and spasm to the low back with constant numbness on the lateral aspect of the right lower extremity that extends to his foot with intermittent right foot drop since his laminectomy. On physical exam of the lumbar spine there was spasm of the lower lumbar region, tenderness on the right side, decreased painful range of motion, positive Lasegue's test on the right; decreased sensation to the dorsal aspect of the right foot and first toe. Medications were ibuprofen, Soma, tramadol, Voltaren 1% Gel. Diagnoses include lumbar spine disc bulge, status post bilateral laminectomy and discectomy at L4-5 and L5-S1 (9-1-13); lumbar spinal stenosis and facet joint arthrosis; lumbar spine radiculopathy; right foot drop. Treatments to date include caudal epidural steroid injection (4-2013) with minimal relief; lumbar facet blocks at L5-S1 (7-13-15) with immediate improvement that lasted one week; physical therapy; chiropractic treatments; trigger point injections. Diagnostics include MRI of the lumbar spine (2-10-14) showing left foraminal disc protrusion at L2-3 and L4-5, multilevel neural foraminal narrowing, spinal stenosis, previous surgery at L5-S1; venous ultrasound right lower extremity (3-19-14) negative; lumbar spine bone scan (8-25-14) normal; whole body scan (8-25-14) normal; electromyogram of the lower extremities (2-10-14) normal; MRI of the lumbar spine (5-15-15) showing disc protrusion at L2-3, L3-4, L4-5, L5-S1. In the progress note dated 7-30-15 the treating provider's plan of care included a request for radiofrequency ablation at L4, L5 and S1 bilaterally to provide longer lasting relief as he did get one week relief from lumbar facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 level radiofrequency ablation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic low back pain when conservative treatments with medications, exercise, behavior modifications and PT have failed. The guidelines recommend that lumbar facet procedures can be utilized for the treatment of non radicular low back pain of facet origin. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of severe low back pain. The patient did not report functional restoration following lumbar/ caudal epidural injection. There is reported of significant pain relief and functional restoration following diagnostic lumbar facet median branch blocks. The criteria for Right L4 level radiofrequency ablation was met and is medically necessary.

Left L4 level radiofrequency ablation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic low back pain when conservative treatments with medications, exercise, behavior modifications and PT have failed. The guidelines recommend that lumbar facet procedures can be utilized for the treatment of non radicular low back pain of facet origin. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of severe low back pain. The patient did not report functional restoration following lumbar/ caudal epidural injection. There is reported of significant pain relief and functional restoration following diagnostic lumbar facet median branch blocks. The criteria for Left L4 level radiofrequency ablation was met and is medically necessary.

Right L5 level radiofrequency ablation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Lumbar Facet procedures.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic low back pain when conservative treatments with medications, exercise, behavior modifications and PT have failed. The guidelines recommend that lumbar facet procedures can be utilized for the treatment of non radicular low back pain of facet origin. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of severe low back pain. The patient did not report functional restoration following lumbar/ caudal epidural injection. There is reported of significant pain relief and functional restoration following diagnostic lumbar facet median branch blocks. The criteria for Right L5 level radiofrequency ablation was met and is medically necessary.

Left L5 level radiofrequency ablation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Lumbar Facet procedures.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic low back pain when conservative treatments with medications, exercise, behavior modifications and PT have failed. The guidelines recommend that lumbar facet procedures can be utilized for the treatment of non radicular low back pain of facet origin. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of severe low back pain. The patient did not report functional restoration following lumbar/caudal epidural injection. There is reported of significant pain relief and functional restoration following diagnostic lumbar facet median branch blocks. The criteria for Left L5 level radiofrequency ablation was met and is medically necessary.

Right S1 level radiofrequency ablation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Lumbar facet procedures.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic low back pain when conservative treatments with medications, exercise, behavior modifications and PT have failed. The guidelines recommend that lumbar facet procedures can be utilized for the treatment of non radicular low back pain of facet origin. The records indicate that the patient had subjective, objective and

radiological findings consistent with the diagnosis of severe low back pain. The patient did not report functional restoration following lumbar/ caudal epidural injection. There is reported of significant pain relief and functional restoration following diagnostic lumbar facet median branch blocks. The criteria for Right S1 level radiofrequency ablation was met and is medically necessary.

Left S1 level radiofrequency ablation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Lumbar Facet procedures.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic low back pain when conservative treatments with medications, exercise, behavior modifications and PT have failed. The guidelines recommend that lumbar facet procedures can be utilized for the treatment of non radicular low back pain of facet origin. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of severe low back pain. The patient did not report functional restoration following lumbar/ caudal epidural injection. There is reported of significant pain relief and functional restoration following diagnostic lumbar facet median branch blocks. The criteria for Left S1 level radiofrequency ablation was met and is medically necessary.