

Case Number:	CM15-0169492		
Date Assigned:	09/10/2015	Date of Injury:	07/13/2012
Decision Date:	10/07/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 59 year old, male who sustained a work related injury on 7-13-12. The diagnoses have included lumbosacral neuritis-radiculitis, lumbar disc displacement without myelopathy, myalgia and myositis, encounter for therapeutic drug monitoring and lumbago. He is currently being treated for low back pain. Treatments in the past include TENS unit therapy, lumbar epidural steroid injections and oral medications. Current treatments are medications. Medications he is currently taking are hydrocodone-acetaminophen, Naproxen, Senokot, Pantoprazole and Nabumetone. In the visit note dated 7-23-15, the injured worker reports lower back pain. He rates his pain level a 3 out 10. He describes the pain as aching, dull, sharp and stabbing. His back pain radiates to his right leg. He states medications are helping. He had a lumbar facet joint injection on the right side done on 6-3-15 which improved his pain by 80%. Upon physical exam, he has lumbar range of motion extension is restricted to 5 degrees, flexion to 70 degrees, and right and left lateral rotation to 20 degrees. All directions of range of motion is restricted by pain. He has lumbar tenderness to paravertebral muscles with spasm. Straight leg raise is positive to 60 degrees with right leg and left leg is positive to 90 degrees. Both in the sitting position. MRI lumbar results quoted from progress note here are "disc herniation is noted at L5-S1 (broad based). There are signs of moderate facet joint arthropathy." He is not working. The treatment plan includes requests for a right sided radiofrequency ablation, for a lumbar brace and medications. The Utilization Review, dated 8-25-15, he "underwent a lumbar facet injection on the right side dated 6-3-15. There is no documentation of significant improvement in pain, change in VAS score, or objective measures of functional improvement noted after medial branch blocks performed at the requested levels to warrant radiofrequency ablation at this point in time." Recommended to non-certify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation, Lumbar right L4-5, L5-S1: 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) Low Back (updated 7/17/2015) online version, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The patient has undergone previous medial branch blocks now with request for repeating facet and performing radiofrequency ablation. Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patients who may exhibit radicular symptoms with disc herniation of MRI s/p LESI as identified here or is without defined nor are they recommended over 2 joint levels concurrently (L4, L5, S1) as requested here. Submitted reports have not demonstrated support outside guidelines criteria. Previous medial branch blocks are noted to provide significant help; however, no specific duration is identified, objective clinical findings of pain relief in terms of reduction in prescription dosage, medical utilization or an increase in ADLs and function demonstrated to repeat procedures for this chronic injury. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial for any new injury, acute flare-up, or progressive clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, there is no provision of imaging identifying severe facet arthropathy. Guidelines criteria for repeating the procedure also includes at least 50% improvement for at least 12 weeks duration, not demonstrated here. The Radiofrequency Ablation, Lumbar right L4-5, L5-S1 are not medically necessary and appropriate.