

Case Number:	CM15-0185796		
Date Assigned:	09/28/2015	Date of Injury:	01/29/2011
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 43 year old female who sustained an industrial injury on 01-29-2011. The injured worker was diagnosed with lumbar degenerative disc disease, lumbosacral spondylosis without myelopathy, lumbar radiculopathy and myalgia. According to the treating physician's progress report on 08-06-2015, the injured worker continues to experience low back pain across the lumbar spine radiating to the bilateral hips exacerbated by physical activity and rate at 7-10 out of 10 on the pain scale. Examination demonstrated severe tenderness to palpation in the lower lumbar spine with moderately decreased range of motion. Faber's test, Waddell's sitting straight leg raise and passive straight leg raise were negative bilaterally. Bilateral facet loading tests (Kemp's) were positive. Strength, motor, sensation and deep tendon reflexes were within normal limits. The injured worker received Toradol 60mg intramuscularly injection at the office visit. Recent diagnostic testing included Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies in January 2015 reported as within normal limits and a lumbar spine magnetic resonance imaging (MRI) on 07-23-2015 which confirmed the presence of an annular tear at L3-4 and L4-5 along with degenerative disc disease at L5-S1. Prior treatments included trigger point injections, lumbar nerve block on 03-29-2013 with 70% relief, radiofrequency ablation on 05-13-2013 with 70% relief, chiropractic therapy, acupuncture therapy, physical therapy, Toradol injections, home exercise program and medications. Current medications were listed as Oxycodone 10mg 4 times a day, Methadone, Trazodone, Cymbalta, Baclofen and Ativan. On 08-13-2015 the provider requested authorization for radiofrequency ablation at bilateral L3-4, L4-5 and L5-S1. On 08-27-2015 the Utilization Review determined

the request for radiofrequency ablation at bilateral L3-4, L4-5 and L5-S1 was not supported and not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at bilateral L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, General Approach, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for Radiofrequency ablation at bilateral L3-4, L4-5 and L5-S1, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with lumbar pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Guidelines also state that no more than two joint levels are to be performed at one time. 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. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. Within the documentation available for review, the requesting physician has performed radiofrequency ablation at three levels in May of 2013. Unfortunately, there is no documentation of improvement in VAS score, decreased medications, and relief for at least 12 weeks at 50% or more. Furthermore, the request is for three levels which exceed the maximum number recommended by guidelines. In the absence of clarity regarding his issues, the currently requested Radiofrequency ablation at bilateral L3-4, L4-5 and L5-S1 is not medically necessary.