

Case Number:	CM15-0189507		
Date Assigned:	10/01/2015	Date of Injury:	11/28/2007
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old male with a date of injury on 11-28-2007. The injured worker is undergoing treatment for lumbar spondylosis, lumbar radiculitis, lumbar disc protrusion and extrusion, degenerative disc disease, and low back pain. Physician progress notes dated 05-18-2015 to 08-17-2015 documents the injured worker complains of low back pain. He has centralized lower back pain that radiates up his spine and into his lateral hips bilaterally. His spine gets very stiff and some days his back just gives out and he has to use crutches to walk. His pain is primarily in his back axially, not down his leg. His pain is worst over the lower lumbar spine and over the S1 joints. He presents for a medication refill. He is still having pain all the time. He did great with the diagnostic procedure with this lumbar medial branch blocks. His pain is typically 3-8 out of 10. He did well for about 6 hours after the procedure, and then the pain returned. He had excellent relief of the pain even though he tested the block out. He had greater than 80% pain relief then all of his pain returned. He has severe right sided L5 and S1 radicular pain, with occasional foot drop noted. On examination he has spasm in his longissimus muscles bilaterally. He has increased pain with extension, and it is even worse with flexion. He has increased pain over his facets, L3-sacrum with extension and rotation. There is significant tenderness over the facet joints at L3-4, L4-5, and L5-S1 bilaterally. Extension with rotation increased the pain over the facets on the left particularly with rotation to the left. Extension with rotation to the right increased the pain over the L3-4, L4-5, and L5-S1 facets on the right. Treatment to date has included diagnostic studies, medications, physical therapy, and core strengthening, and lumbar medial branch blocks. An unofficial Magnetic Resonance

Imaging of the lumbar spine done on 12-02-2013 demonstrates disc extrusions at L3-4, L4-5 and L5-S1 with severe disc height loss at L4-5. There is no significant foraminal stenosis. At L5-S1, his disc extrusion is eccentric to the left, central at L4-5. There is an annular tear at L3-4. The treatment plan includes lumbar RF at L3-4, L4-5, and L5-S1, and physical therapy to the lumbar spine-facet pain, 2-3 times a week for 4-6 weeks. He received lumbar medial branch blocks on 06-10-2014. 06-18-2014 physician note documents he had 6 hours of relief from the lumbar medial branch blocks given bilaterally at L3, L4, and L5. On 06-23-2014 a request for radio frequency ablation L3-5 was approved. On 08-27-2015 Utilization Review non-certified the request for Radiofrequency Ablation Lumbar L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation Lumbar L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, under Radiofrequency Facet Ablation.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding facet joint radiofrequency ablation, the ODG guides note: Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. 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. While the original medial branch block by report gave 80% relief, there are strong radicular signs, including foot drop reported. Therefore, it is not clear that the pain is truly facet in origin. Also, the request was for ablation only at L5-S1 however the medial branches for this area cover three vertebral levels. As submitted, the request is not medically necessary.