

Case Number:	CM15-0190488		
Date Assigned:	10/02/2015	Date of Injury:	10/17/2013
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49 year old male, who sustained an industrial injury on 10-17-2013. The injured worker is undergoing treatment for: low back pain, lumbar facet syndrome. On 9-4-15, he reported low back pain which was increased since his last visit. He indicated his activity level was the same and he is taking over the counter Tylenol as needed. Objective findings revealed a normal gait, loss of normal lordosis, restricted range of motion, hypertonicity, and tenderness of the lumbar spine, tenderness of the sacroiliac spine, and negative straight leg raise testing. The records indicated he underwent a medial branch block (December 2014), reported as "excellent but temporary pain relief". It is unclear how long relief lasted and if the relief was 50 percent or greater. The treatment and diagnostic testing to date has included: lumbar spine magnetic resonance imaging (6-5-14), urine toxicology (4-18-14), home exercise program, multiple physical therapy sessions. Medications have included: Tylenol, motrin, naproxen, Flexeril. Current work status: modified. The request for authorization is for: one bilateral lumbar radiofrequency ablation at L3, L4, L5 and sacral ala. The UR dated 9-10-2015: non-certified the request for one bilateral lumbar radiofrequency ablation at L3, L4, L5 and sacral ala.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral lumbar radiofrequency ablation at L3, L4, L5 and Sacral ala: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines Binder DS. Nampiaparampil, DE, the provocative lumbar facet joint, Curr Rev Musculoskelet Med. 2009 Mar; 2 (1): 15 -24.

Decision rationale: The claimant sustained a work injury in October 2013 while working as a deputy Sheriff with injury to the low back while exiting his patrol car as he was chasing a subject. He continues to be treated for chronic back pain. He underwent diagnostic lumbar medial branch blocks on 12/03/14. Sedation with Versed was used. Blocks were done at L3, L4, L5, and at the sacral ala for a total of eight injections. After the procedure he had a decrease in pain from 8/10 to 2/10 with lumbar facet loading. When seen in September 2015, he had temporary pain relief after the medial branch blocks. Physical examination findings included a body mass index over 27. There was decreased and painful lumbar spine range of motion with positive facet loading. There was paravertebral muscle tenderness with tight muscle bands and hypertonicity. He had bilateral hamstring tenderness and there was tenderness over the sacroiliac spine. Authorization is being requested for bilateral lumbar radiofrequency ablation at the above levels. The facet joint in the lumbar spine is innervated by the medial branch of the dorsal ramus of the nerve exiting at the same level and also the medial branch of the nerve one level above. For example, when considering the L4/L5 facet joint, innervation is supplied by the medial branches originating from the L3 and L4 nerves. The anatomy of the L5/S1 facet joint differs from its lumbar counterparts. It is innervated by the medial branch of L4 and the dorsal ramus of L5. In this case, the claimant underwent medial branch blocks at L3, L4, and L5 with a block of the S1 medial branch / dorsal ramus at the sacral ala with a positive diagnostic response based on pain with facet loading after the procedure. Radiofrequency ablation at the L3, L4, and L5 levels is medically necessary. However, the S1 medial branch / dorsal ramus is being included in this request which is not recognized as innervating the L5/S1 facet joint. For this reason the request that was submitted is not medically necessary.