

Case Number:	CM15-0192273		
Date Assigned:	10/06/2015	Date of Injury:	09/20/2010
Decision Date:	11/12/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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 42 year old male, who sustained an industrial injury on 09-20-2010. He has reported subsequent back and bilateral shoulder pain and was diagnosed with chronic pain syndrome, lumbar spondylosis and myalgia. MRI of the lumbar spine on 05-18-2012 showed degenerative discopathy at L5-S1 with posterior central 7 mm protrusion, dissecting cranial and subligamentous and left paracentral to the L5-S1 disc plane is a rim enhancing extradural nodule measuring 11 mm in maximum dimension consistent with extruded and sequestered fragment and degenerative discopathy with Schmorl's nodes at T11-T12 through L1-L2. Treatment to date has included pain medication, physical therapy and a home exercise program, which were noted to have failed to significantly relieve the pain. Electromyography-nerve conduction studies were noted to show chronic L5-S1 and L4 radiculopathy, left greater than right. A right lumbar radiofrequency ablation of L3-S1 was noted to have been performed on 02-17-2014 and was noted to have helped the pain greatly although the procedure report and progress notes from 2014 were not included for review. In a progress note dated 09-08-2015, the injured worker reported persistent upper back, middle back, low back and bilateral shoulder pain that was rated as 8 out of 10. Objective examination findings revealed severe pain with bilateral lumbar facet palpation, extension and rotation of L3-S1 with rare leg pain. The physician indicated that a request for lumbar radiofrequency ablation was being made so that the injured worker could be more active and use fewer narcotics. A request for authorization of radiofrequency ablation right L3-S1, outpatient was submitted. As per the 09-28-2015 utilization review, the request for radiofrequency ablation right L3-S1, outpatient was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation right L3-S1, outpatient: 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-Lumbar & Thoracic (Acute & Chronic).

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. Nampiarampil, 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 September 2010 and is being treated for chronic pain including chronic low back pain. In September 2015, bilateral lumbar radiofrequency ablation that had been done in 2014 is referenced as having provided significant pain relief. Prior treatments had included physical therapy and NSAID medication. Physical examination findings included severe pain with bilateral lumbar facet palpation and pain with extension and rotation. He was noted to ambulate with a cane. His body mass index was over 31. Pain was rated at 8/10. Authorization is being requested for repeat L3-S1 radiofrequency ablation. If a repeat neurotomy is being considered, it 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 more than 50% relief. In this case, the criteria are not met, as the claimant's response to the previous treatment is not adequately documented. Additionally, 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, innervations 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 S1 medial branch / dorsal ramus is being included in this request and the request that was submitted cannot be accepted as being medically necessary for this reason as well.