

Case Number:	CM15-0195237		
Date Assigned:	10/09/2015	Date of Injury:	10/02/2013
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47-year-old male who sustained an industrial injury on 10/2/13. Injury occurred when he was walking down the steps on his foreman's trailer, took a step with his left foot and stepped straight through a rotted step. The 2/14/14 lumbar spine x-ray impression documented degenerative disc disease. Records documented lumbar MRI findings with an annular tear at L4/5 and a left L5/S1 disc protrusion with osteophytic ridging producing mild lumbar neuroforaminal stenosis. The 9/11/15 treating physician report cited on-going left lower and middle back pain. He underwent left sacroiliac (SI) injection on 3/13/15 with greater than 50% improvement in pain with return to baseline pain in 7 days. He underwent right L4/5 and L5/S1 medial branch blocks on 8/14/15 with greater than 60% relief of axial pain and slow return of symptoms after 2 weeks. He had a left L4/5 epidural injection with initial increase in pain for 3 days followed by resolution of midline sharp pain and radicular pain on-going. He had residual low back/buttock pain worse with sitting more than 30 minutes, bending, and twisting. He was taking Voltaren XR, which was beneficial relative to greater range of motion and the ability to accomplish activities of daily living. He was walking 1.5 miles every other day. Physical therapy provided transient relief. He was using his TENS unit 3 to 4 times per week with benefit to pain and function. Muscle relaxants had provided functional benefit but had been denied. Physical exam documented paravertebral muscle tenderness and spasms, tight muscle band and trigger points bilaterally, and left SI joint tenderness. Lumbar facet loading was positive on both sides. Patrick's test was present on the left. He was currently working despite pain. The diagnosis included chronic pain syndrome, lumbar or lumbosacral disc degeneration, and pain disorder related to psychological factors. The treatment plan indicated that the

injured worker had tried and failed other conservative options and right L4/5 and L5/S1 radiofrequency neurolysis was recommended. Authorization was requested for right L4/5 and L5/S1 radiofrequency treatment. The 9/18/15 utilization review noncertified the request for right L4/5 and L5/S1 radiofrequency as guidelines stated radiofrequency ablation procedures were under study with conflicting evidence for efficacy and no evidence for improved function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency, right (lumbar) L4-L5, L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with persistent left sided low back pain worse with sitting, bending, and twisting. Clinical exam findings included paravertebral muscle and left SI joint tenderness, and positive lumbar facet loading. There is no radiographic or imaging evidence of significant facet arthropathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Benefit has been documented with epidural steroid injection, TENS unit and medications allowing for continued full duty work. The 8/14/15 medial branch blocks did not provide at least 70% relief consistent with guidelines to proceed to radiofrequency treatment. Therefore, this request is not medically necessary.