

Case Number:	CM15-0195428		
Date Assigned:	10/09/2015	Date of Injury:	10/14/2009
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old female who sustained an industrial injury on 10-14-2009. Diagnoses have included lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and lumbago. Diagnostic tests noted were an x-ray of the lumbar spine 2-4-2015 finding mild lumbar levoscoliosis; and, MRI of the lumbar spine without contrast 7-21-2014 showed L4-5 annular bulge and small annular fissures with moderate bilateral foraminal and canal stenosis; L3-4 small annular bulge and left lateral annular fissure; and, L2-3 left foraminal protrusion with mild left foraminal stenosis noted to appear "new" compared to previous MRI 8-16-2011. Documented treatment includes facet blocks with pain relief lasting 24-48 hours, medial branch blocks with "no relief," two sessions of physical therapy, 8 sessions of psychotherapy, medication, and she is noted to "not be a surgical candidate" in the note of 8-10-2015. On 8-10-2015 the injured worker presented with constant low back pain rated 6-7 out of 10 and worse on the right side. Examination revealed loss of normal lordosis, restricted range of motion limited to 55 degrees with flexion and extension to 10 degrees. Muscle spasm, tenderness and tight muscle band was noted in paravertebral muscles on both sides. Wadell's sign and pelvic compression test was positive; straight leg raising, FABER, and Babinski's signs were negative. A spasm was also noted over the right sacroiliac joint and right L4-S1 facet joints. The treating physician's plan of care includes right L5, S1, S2 and S3 sacroiliac joint radiofrequency, which was denied on 9-25-2015. Work status is noted as total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5, S1, S2, S3 for sacroiliac joint radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Hip & Pelvis - Sacroiliac problems, diagnosis.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Surgical Considerations.

Decision rationale: The patient has undergone medial branch blocks with reported no benefit and pain relief of 24-48 hours only now with request for RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure as the patient reported chiropractic treatment helpful. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment for multilevel disc protrusions. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted multilevel disc protrusions without evidence for significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The Right L5, S1, S2, S3 for sacroiliac joint radiofrequency are not medically necessary and appropriate.