

Case Number:	CM15-0205929		
Date Assigned:	10/22/2015	Date of Injury:	08/19/1999
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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 was a 61 year old female, who sustained an industrial injury, August 19, 1999. The injured worker was undergoing treatment for lumbar spondylosis without myelopathy and arthritis of the hip. According to the progress note of July 25, 2011, the injured worker was still receiving good benefit from the radiofrequency ablation. According to progress note of September 2, 2015, the injured worker's chief complaint was low back had been getting worse. The injured worker described the pain as moderate constant sharp upper back pain and moderately severe constant shooting low back pain. The upper back pain and lower back pain was a little worse than the prior visit. The physical exam noted a response with low back and right leg pain by Kemp's testing. The Lasegue's test was positive on both sides. The thoracolumbar region revealed moderate measure of muscle spasms on the right. Moderate muscle spasms were elicited on the left in the lumbar region. Palpation of the lumbosacral revealed a moderately severe degree of muscle spasms on the right. There was evidence noted on palpation of examination of a moderately severe amount of muscle spasms at the right gluteus medius and the right piriformis. There was moderate level muscle spasms found on the left piriformis and the left gluteus medius. There was a moderate amount of tenderness revealed in L5 on the right. There was moderate to severe tenderness noted at right S1. The lumbar flexion was 60 degrees with moderate to severe pain, extension was 20 degrees with moderate to severe pain, lateral flexion 25 degrees with moderate to severe pain, with decreased motion and moderate pain on the right and left. The injured worker previously received the following treatments chiropractic services, L3, L4 and L5 medial branch radiofrequency ablation which

worker in the past on May 31, 2011, Cyclobenzaprine and Naproxen. The RFA (request for authorization) dated September 14, 2015; the following treatments were requested bilateral L3, L4 and L5 radiofrequency ablation. The UR (utilization review board) denied certification on September 22, 2015; for the bilateral L3, L4 and L5 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 radiofrequency ablation: 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 Chapter, facet joint radiofrequency neurotomy.

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 Chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents on 09/03/15 with lower back pain rated 7/10. The patient's date of injury is 08/19/99. Patient is status post L4 laminectomy and decompression of the L5 nerve root on 10/17/94, status post L4-5 intradiscal electrothermal disc decompression, nucleotomy, and anuoplasty on 02/15/00. The request is for bilateral L3, L4, and L5 radiofrequency ablation. The RFA is dated 09/14/15. Physical examination dated 09/03/15 reveals pain elicitation with lumbar extension and tilting bilaterally. No other remarkable findings are included. The patient's current medication regimen is not provided. Patient is currently retired. Official Disability Guidelines, Low Back Chapter, under Facet joint radiofrequency neurotomy has the following: 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 (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. 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. In regard to the request for a repeat radiofrequency ablation at L3, L4, and L5 levels, the provider has not provided adequate documentation analgesia, functional improvement, or medication reduction attributed to prior treatments. Progress note dated 09/03/15 provides the following rationale for this procedure: "Initial medial branch blocks were performed in 2003, then went on to have radiofrequency ablations of those same nerves at approximately 12 to 18 month intervals. We have been doing that for the last 15 years and things have been going well. She is getting great benefit, but the benefit does subside after 12 to 18 months. We last did the radiofrequency ablation of the medial branch nerves in approximately 2013 and since her pain has returned." There is some confusion in the records provided regarding this patient's RF ablation history. Per progress note dated 10/15/14, this patient underwent RF ablation at L1, L2, and L3 levels in May 2011 with good results. Per the progress note associated with this request, the provider appears to imply that this patient underwent RF ablation at L3, L4, and L5 levels in 2013 (though does not specifically state which levels were targeted). However, an undated chronological medical summary indicates that this patient underwent RF ablation at S1, S2, and S3 levels on 09/03/13, and not the L3, L4, and L5 levels currently under review. It is not clear if the provider was referring to this procedure or if there were additional RF ablations performed in 2013 at the L3, L4, L5 levels. Addressing the criteria for repeat neurotomies, ODG indicates that there should be documentation of functional improvement, decreased medications, and evidence of adequate diagnostic blocks. In this case, there is no evidence of adequate diagnostic blocks at the requested levels (and confusion regarding this patient's actual RF ablation history/response), no clearly documented functional improvements, and it is also unclear whether these procedures have allowed this patient to reduce her medication intake. Given these factors, a radiofrequency ablation at the requested levels cannot be substantiated. Therefore, the request is not medically necessary.