

Case Number:	CM15-0208241		
Date Assigned:	10/27/2015	Date of Injury:	10/14/2013
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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 55-year-old male who sustained an industrial injury on 10/14/13. The mechanism of injury was not documented. Past medical history was positive for lumbar spine injury in 2003. The 8/24/15 treating physician report cited constant moderate to severe low back pain radiating to the bilateral buttocks down to the knees with numbness and tingling down both legs to the feet, constant on the right and occasional on the left. Physical exam documented a wide based, slow, bilateral antalgic gait with poor balance, decreased lumbar range of motion with lumbar spinous process, paraspinal, sacroiliac joint, and bilateral sciatic nerve tenderness. Bilateral straight leg raise was positive. Deep tendon reflexes were 1+ and symmetrical at the knees. Achilles reflexes were 1+ on the left and absent on the right. There were no focal motor deficits. The diagnosis included moderate to severe L5/S1 degenerative disc disease with mild degenerative disc disease and moderate facet spondylosis. There was moderate to severe facet spondylosis with grade 1 degenerative spondylolisthesis at L4/5. These findings were associated with bilateral lower extremity radiculitis and possible right lower extremity radiculopathy. Conservative treatment had included remote epidural steroid injection with 95% decrease in lower back pain for a couple of months, and physical therapy without benefit. The injured worker had not yet undergone lumbar medial branch blocks but if he did and experienced at least 50% temporary relief of low back pain, radiofrequency procedures at L4/5 and L5/S1 bilaterally would be appropriate. Authorization was requested for L4/5 radiofrequency ablation under fluoroscopic guidance. The 10/15/15 utilization review non-certified the request for L4/5 radiofrequency ablation under fluoroscopic guidance as there was no medial branch block procedure report or subsequent reports documenting the post-injection pain rating and duration of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 radiofrequency ablation under fluoroscopic guidance: 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: 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 has constant moderate to severe low back pain radiating down both legs to the knees with numbness and tingling to both feet. Neurologic exam documented positive straight leg raise and absent left Achilles reflex. Prior medial branch blocks have been denied. There is no evidence that the injured worker has undergone lumbar medial branch blocks or has achieved guideline-required positive response. Additionally, guidelines do not typically support radiofrequency procedures for patients with radicular low back pain. Therefore, this request is not medically necessary.