

Case Number:	CM15-0212274		
Date Assigned:	11/02/2015	Date of Injury:	04/27/1981
Decision Date:	12/14/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/28/2015

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 68-year-old male who sustained an industrial injury on 4/27/81. The mechanism of injury was not documented. Past surgical history was positive for right shoulder arthroscopic rotator cuff repair on 1/14/11, and C4-C7 anterior cervical decompression and fusion with disc replacement. He underwent bilateral L4/5 and L5/S1 medial branch blocks on 12/30/14 with 2 hours of full relief and partial relief for few days, followed by return of pain. He underwent right L4/5 and L5/S1 radiofrequency rhizotomy on 4/16/15, and left L4/5 and L5/S1 lumbar radiofrequency rhizotomy on 7/9/15. The 8/11/15 treating physician report indicated that low back pain continued with partial relief after the left radiofrequency ablation. Pain was reported grade 6-7/10, exacerbated when trying to get up. Physical therapy was recommended followed by a home exercise program. The injured worker had a good response to the procedure so the core muscles need to be in better shape. The 9/29/15 treating physician report cited lower back pain ranging from grade 5-6/10 to 8/10 especially with prolonged sitting or driving. There was intermittent radiation of pain into the lower extremity, more on the right. There was limitation in activities of daily living. Lumbar spine exam documented mild to moderate loss of range of motion with 2+ pain in extension, right lateral flexion and right rotation. There was pain over the L3/4 to L5/S1 spinous processes with 2+ pain on palpation of the right L3 to L5/S1 facet joints, and 1+ pain on the left. Nerve tension signs were negative. Patrick Fabere's test was positive bilaterally. Neurologic exam was within normal limits. The diagnosis included lumbar sprain with multilevel lumbar disc disease and severe degenerative facet arthropathy on the left at L3/4, and bilateral lumbar facet hypertrophy and arthropathy at L3/4, L4/5, and L5/S1, more

symptomatic on the right. He had an exacerbation of his facet arthropathy and repeat radiofrequency ablation was requested. The last procedure was performed in April 2015 with good results and he had been close to 6 months with previous radiofrequency. Authorization was requested for right lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy of L4/5 and L5/S1 medial branches. The 10/22/15 utilization review non-certified the request for right lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy of L4-5 and L5-S1 medial branches as there was no documentation that the prior right sided radiofrequency procedure on 4/16/15 had resulted in sustained pain relief for at least 6 months duration, and he had undergone 3 procedures within the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy of L4-5 and L5-S1 medial branches: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar and Thoracic) (Acute and Chronic): Facet Joint Radiofrequency Neurotomy (2015).

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, 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. Criteria state that 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. 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. 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 low back pain with into radiating into the lower extremities. Functional difficulty is documented in activities of daily living, especially prolonged sitting and driving. Clinical exam findings are consistent with imaging evidence of multilevel facet arthropathy and degenerative disc disease. There is no clear documentation of guideline required positive response to the prior radiofrequency ablation procedure. There is no evidence that this injured worker achieved at least 50% reduction in pain for the initial 12 weeks following the procedure or that there was sustained pain relief for at least 6 months. Guidelines address do not support this procedure for patient with radicular low back pain. Therefore, this request is not medically necessary.

