

<b>Case Number:</b>	CM15-0221606		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	06/13/1999
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old female, who sustained an industrial injury on 6-13-1999. The injured worker is being treated for spondylosis with myelopathy cervicothoracic region, pain in left knee, pain in right knee, pain in unspecified hand, mood disorder due to known psychological condition, cervical disc disorder and lumbar intervertebral disc disorder. Treatment to date has included diagnostics including electrodiagnostic testing, medications, cervical medial branch neurotomy, lumbar radiofrequency neurotomy, lumbar medial branch blocks, cervical facet nerve block, cervical and lumbar epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 10-27-2015, the injured worker reported neck pain and lower backache that has increased since last visit. Activity level has remained the same and sleep is poor. Objective findings of the cervical and lumbar spine included loss of normal lordosis of the cervical spine and restricted range of motion with pain, tenderness, hypertonicity, spasm and tenderness to the cervical paravertebral muscles on the left side. There was loss of lumbar lordosis with restricted range of motion with flexion and extension with tenderness, hypertonicity, spasm and a tight muscle band to the lumbar paravertebral muscles. The notes from the provider do not document efficacy of the current treatment. Radiofrequency ablation dated 5-22-2013; he reported decrease in pain by more than 50%. Since then pain has returned and worsened. The records did not state how long the pain relief lasted. Work status was permanent and stationary. The plan of care included, and authorization was requested for one rollator walker because her walker was stolen, one Tempur-pedic mattress because current mattress is worn and very uncomfortable which is problematic for sleep and increases her level

of pain, and one radiofrequency ablation at L4, L5, SA and S1. On 11-03-2015, Utilization Review non-certified the request for one Tempur-pedic mattress and one radiofrequency ablation at L4, L5, SA and S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Tempur-pedic mattress: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**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 (Acute & Chronic), Mattress selection.

**Decision rationale:** The claimant has a remote history of a work injury in June 1999 and is being treated for chronic neck and low back pain. Treatments have included cervical and lumbar radiofrequency ablation. The claimant underwent diagnostic medial branch blocks at L4, L5, and S1 in March 2013 and radiofrequency ablation was done in May 2013 and in July 2014 at L4, L5, the sacral ala, and S1. When seen, she had increased pain and was having difficulty sleeping. Physical examination findings included a normal body mass index. There was loss of the lumbar lordosis. There was decreased lumbar flexion and extension. Lumbar facet loading was negative. There was bilateral lumbar paravertebral muscle hypertonicity, spasms, tenderness, and taut muscle bands. Requests included a repeat lumbar radiofrequency ablation procedure and Tempur-Pedic mattress. Pressure ulcers, for example, due to a spinal cord injury, may be treated by special support surfaces including beds, mattresses and cushions that are designed to redistribute pressure. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. The request is not considered medically necessary.

#### **1 Radiofrequency ablation at L4, L5, SA, S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 (Acute & Chronic), Facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines Binder DS. Nampiaparampil, DE. The provocative lumbar facet joint. Curr Rev Musculoskelet Med. 2009 Mar; 2 (1): 15 -24.

**Decision rationale:** The claimant has a remote history of a work injury in June 1999 and is being treated for chronic neck and low back pain. Treatments have included cervical and lumbar radiofrequency ablation. The claimant underwent diagnostic medial branch blocks at L4, L5, and S1 in March 2013 and radiofrequency ablation was done in May 2013 and in July 2014 at L4, L5, the sacral ala, and S1. When seen, she had increased pain and was having difficulty

sleeping. Physical examination findings included a normal body mass index. There was loss of the lumbar lordosis. There was decreased lumbar flexion and extension. Lumbar facet loading was negative. There was bilateral lumbar paravertebral muscle hypertonicity, spasms, tenderness, and taut muscle bands. Requests included a repeat lumbar radiofrequency ablation procedure and Tempur-Pedic mattress. The facet joint in the lumbar spine is innervated by the medial branch of the dorsal ramus of the nerve exiting at the same level and also the medial branch of the nerve one level above. For example, when considering the L4/L5 facet joint, innervation is supplied by the medial branches originating from the L3 and L4 nerves. The anatomy of the L5/S1 facet joint differs from its lumbar counterparts. It is innervated by the medial branch of L4 and the dorsal ramus of L5. In this case, the sacral ala and S1 are being included and is it unclear as to the number of injections being requested. Only treatment at a single level, L5/S1 could be supported. However, when the request was made, there were no physical examination findings that support a diagnosis of facet mediated pain such as positive facet loading or extension or lateral rotation biased axial low back pain. There were findings of myofascial pain, which would be treated differently. For these reasons, the request is not considered medically necessary.