

Case Number:	CM15-0030461		
Date Assigned:	02/24/2015	Date of Injury:	08/24/1988
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Preventive Medicine, Occupational Medicine

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 67 year old female, who sustained an industrial injury on August 24, 1988. The diagnoses have included degeneration of the lumbar or lumbosacral intervertebral disc, lumbosacral neuritis or radiculitis and lumbosacral spondylosis without myelopathy. Treatment to date has included lumbar epidural steroid injection, radiofrequency ablation of the medial branch nerves of L3-4, L4-5 and L5-S1 in May 2013 (gave 80% relief of low back pain) and medication (present medications: tramadol omeprazole and meloxicam). Currently, the injured worker reports low back pain and radiation of pain to the right foot. She does not report weakness to the lower extremities and on examination has tenderness to palpation over the lumbar paraspinal muscles. There is pain over the greater trochanter and positive facet loading maneuvers to the low back bilaterally. On January 30, 2015 Utilization Review non-certified a request for radiofrequency ablation L3-4, L4-5, L5-S1, twelve sessions of physical therapy to the lumbar spine and updated MRI of the lumbar spine with or without contrast, noting that there is no neurological findings on examination to warrant a repeat MRI, noting that the request for physical therapy was modified for a short course to include education and transition to home exercise and noting that conservative measures should be completed prior to request for radiofrequency ablation. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On February 18, 2015, the injured worker submitted an application for IMR for review of radiofrequency ablation L3-4, L4-5, L5-S1, twelve sessions of physical therapy to the lumbar spine and updated MRI of the lumbar spine with or without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated magnetic resonance imaging (MRI) L-spine with or without contrast: 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, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4, 309. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care but the symptoms are non-specific, a prior lumbar MRI already defined the anatomy, there are no new "red flag" signs or symptoms and an EMG/NCV study has not been done. At this point in the care of this individual a repeat MRI of the lower back is not indicated. Medical necessity has not been established.

Physical therapy 2 times a week for 6 weeks to Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy can be active or passive. Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's (PT) office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at

home. According to the MTUS, goal directed physical therapy for low back pain, neuralgia, neuritis or radiculitis should show a resultant benefit by 10 sessions over a 4 week period and the program should be tailored to allow for fading of treatment. This patient has chronic low back pain but is already functional. The goal of her PT is to decrease pain. This should be able to be accomplished within the 10 sessions over 4 weeks recommended by the MTUS. Medical necessity for the requested number of PT sessions and duration of treatment has not been established.

Repeat radiofrequency ablation (RFA) L3-4, L4-5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back - Lumbar & Thoracic - Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-9, 300-1, 309-10, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 39-40, 46. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420> 2) Schofferman J1, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. Spine (Phila Pa 1976). 2004 Nov 1;29(21):2471-3.

Decision rationale: Radiofrequency ablation (RFA) is a diagnostic and/or therapeutic procedure which uses radio waves to generate heat in specifically targeted nerves to temporarily interfere with their ability to transmit pain signals. The procedure is recommended to temporarily reduce chronic pain in the lower back that hasn't been adequately relieved by other means, such as medications or physical therapy. The MTUS does not specifically comment on RFA therapy. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines views epidural blocks as an option for treating Chronic Regional Pain Syndrome (CRPS) but only in a limited role for diagnosis of sympathetically mediated pain or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. According to the American Society of Interventional Pain Physicians the evidence for therapeutic RFA is good in managing lumbar facet joint generated pain. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 6 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The crux of the decision to repeating this treatment in this patient is based on the expected long-term benefit. Evidence-based data suggests repeating this procedure does result in better long-term control of low back pain. With improved pain control rehabilitative treatments, such as the physical therapy ordered by this patient's provider, will theoretically have a better effect. This patient does have evidence of disease and had a good effect from her prior RFA

treatment so similar, if not better, control of her pain would be expected. Medical necessity for this procedure has been established.