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| <b>Case Number:</b>   | CM15-0036247 |                              |            |
| <b>Date Assigned:</b> | 03/04/2015   | <b>Date of Injury:</b>       | 01/09/2001 |
| <b>Decision Date:</b> | 04/09/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/26/2015 |

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 71 year old male, who sustained an industrial injury on 01/09/2001. He has reported subsequent back and lower extremity pain and was diagnosed with lumbar facet joint pain, sacroiliac joint pain, lumbar disc bulges, lumbar degenerative disc disease, lumbar stenosis and lumbar radiculitis. Treatment to date has included oral pain medication, heating pad, massage therapy, physical therapy and acupuncture treatment. In a progress note dated 01/08/2015, the injured worker complained of low back pain that was rated as 8/10. Objective findings were notable for mild paravertebral muscle tension, tenderness of the bilateral L5-S1 facet and bilateral sacroiliac joints, positive Kemp's and Minor's sign and reduced range of motion of the lumbar spine. The physician noted that the injured worker had recently suffered a myocardial infarction and that the injured worker continued to have fluctuating lumbar spinal pain. The physician noted that the injured worker had undergone lumbar facet joint medial branch blocks on 8/27/2014 which resulted in 60% relief lasting 8 weeks and that bilateral L4-L5 and L5-S1 radiofrequency neuroablation was recommended. On 02/04/2015, Utilization Review non-certified a request for 1 bilateral L4-L5, L5-S1 radiofrequency neuroablation between 1/8/2015 and 5/3/2015, noting that a positive response of at least 70% reduction in pain for two hours with lumbar facet joint medial branch blocks and modified a request for physical therapy from 6 sessions of the lumbar spine to 3 sessions, noting that the injured worker had already received certification in excess of the maximum number of physical therapy sessions. ACOEM and ODG guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Bilateral L4-5, L5-S1 Radiofrequency Neuroablation:** 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain, Facet joint blocks.

**Decision rationale:** The patient is a 71 year old male with an injury on 01/09/2001. He has chronic back pain with decreased range of motion. On 08/27/2014 he had lumbar facet joint medial branch blocks that resulted in temporary 60% improvement in pain. He has been treated with physical therapy, acupuncture, pain medications and massage therapy. MTUS, ACOEM notes that although there is evidence of efficacy for radiofrequency neurotomy of the cervical spine, there is limited documentation to recommend radiofrequency neurotomy of the lumbar spine. ODG notes that there must be at least a 70% improvement in symptoms after the previous medial branch blocks and the patient had only a 60% temporary improvement. The requested radiofrequency ablation is not consistent with MTUS and ODG and is not medically necessary.

### **6 Sessions of Physical Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

**Decision rationale:** The patient is a 71 year old male with an injury on 01/09/2001. He has chronic back pain with decreased range of motion. On 08/27/2014 he had lumbar facet joint medial branch blocks that resulted in temporary 60% improvement in pain. He has been treated with physical therapy, acupuncture, pain medications and massage therapy. The requested additional physical therapy, together with the patient previous physical therapy exceed the maximum number of physical therapy visits supported in MTUS, Chronic Pain, Physical Medicine which is a total of 9 - 10 visits. Also, by this point in time relative to the injury, the patient should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the injury. The requested physical therapy is not medically necessary.