

Case Number:	CM15-0038008		
Date Assigned:	03/10/2015	Date of Injury:	01/07/2013
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 57-year-old male who sustained an industrial injury on 1/7/13. Injury occurred during a safety crisis management technique with two minors. He reported acute onset of low back pain. The 3/9/13 lumbar spine MRI impression documented a constellation of findings with focal protrusion resulting in left lateral recess and proximal foraminal compromise at L3/4, and deforming the thecal sac at the point of origin of the left L4 nerve root. There was right eccentric annular protrusion and posterior element hypertrophy causing right greater than left lateral recess and proximal foraminal compromise at L4/5. There were global degenerative changes and circumferential annular osteophyte causing right greater than left lateral foraminal compromise of the exiting L5 roots at L5/S1. He underwent lumbar medial branch blocks at the level of L3 and L4 on the left and the dorsal primary ramus of L5 on 1/22/15. The 2/2/15 treating physician report cited severe low back pain, and left greater than right lower extremity pain. The patient underwent lumbar diagnostic facet blocks on the left side with two full hours of pain relief and partial relief for a few days. The pain had returned. Pain was grade 6-7/10 and was exacerbated by increased activity, turning or twisting, or prolonged sitting. Activities of daily living were limited due to pain. Physical exam documented mild to moderate loss or tom with pain, persistent L4/5 and L5/S1 spinous process pain, and L3/4, L4/5, and L5/S1 facet pain. Facet loading was positive on the left. There were moderate muscle spasms from L2 to L5. Patrick Fabere's was positive on the left. Muscle strength and deep tendon reflexes were intact. The injured worker had a good response to diagnostic facet blocks confirming the facets to be one of the main pain generators and authorization was requested for left lumbar

radiofrequency ablation for long term relief at the L3/4 and L4/5 medial branches. The 2/23/15 utilization review non-certified the request for radiofrequency rhizotomy as there was no documentation that the lumbar medial branch blocks had resulted in at least 70% pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy L3-L4-5, medial branches left side: 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) - Neck and Upper Back Chapter - Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. 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 neurtomies are under study and should be performed only after appropriate investigation involving controlled differential dosal ramus medial branch diagnostic blocks. The Official Disability Guidelines (ODG) indicates that facet joint radiofrequency neurotomy is under study. Treatment requires a diagnostic of facet joint pain using a medial branch block with initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This patient presents with severe low back and radicular lower extremity pain with imaging evidence consistent with nerve root compromise. Guidelines do not support facet blocks in the presence of radicular pain. Additionally, the diagnostic facet joint blocks performed on 1/22/15 did not provide the pain relief and duration of relief required by guidelines to proceed with radiofrequency ablation. Therefore, this request is not medically necessary.