

Case Number:	CM15-0046044		
Date Assigned:	03/18/2015	Date of Injury:	06/11/2009
Decision Date:	04/23/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/11/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 6/11/2009. She has reported back pain following a fall. The diagnoses have included lumbar facet syndrome, lumbar disc disorder, radiculopathy, sacroiliitis and low back pain. Treatment to date has included medication therapy, left radiofrequency neurotomy L3, L4, L5 and S1, medial branch block, sacroiliac joint block. Currently, the IW complains of low back pain rated 3/10 VAS with medication and 8/10 VAS without medication. The physical examination from 3/18/15 documented left lumbar tenderness and hypertonicity with a positive FABER's test. The left hip was tender with positive Gaalen's, FABER's, and Gillett's tests. There was decreased sensation left L5-S1 dermatome. The plan of care included referral to a spine surgeon for evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation site L3 L4 L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi,

TX: www.odg.twc.com: Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 03/03/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: This patient has a date of injury of 10/11/09 and presents with low back pain. The current request is for Lumbar Radiofrequency Ablation Site L3, L4, L5. Regarding radiofrequency ablation, ACOEM Guidelines page 300 and 301 state, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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. 3. 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. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." Physical examination revealed restricted range of motion, tenderness noted on the left side, hypertonicity, negative SLR and positive Faber's test. Sensory is decreased over the L5-S1 dermatome on the left. The treating physician states that the patient had "75% relief for more than 6 months duration" following a lumbar radiofrequency ablation that was performed in May 30, 2014. Progress report 07/15/14 does state that the patient had some relief of pain with the lumbar radiofrequency ablation, but there is no percentage of pain relief. Furthermore, on 09/30/14, only 2 months following the ablation, the patient reported an increase in pain and noted pain level with medications as 8/10. ODG allows for repeat radiofrequency neurotomy when there is at least 12 weeks of 50% or more pain relief and "they should not occur at an interval of less than 6 months from the first procedure." Currently, there is only a 2 month interval from initial injection and the reported increase in pain. In addition, there is no discussion of decreased medication intake and documented improvement in function as required by MTUS. This request is not medically necessary.

Referral to spine surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 Independent Medical Examinations and Consultations, pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: This patient has a date of injury of 10/11/09 and presents with low back pain. The current request is for Referral To Spine Surgeon. The American College of Occupational and Environmental Medicine, ACOEM, second edition 2004 chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinees fitness for return to work." This patient presents with chronic low back pain and continues to report high pain levels despite conservative treatments. A referral to a spine specialist for further evaluation is in accordance with ACOEM. This request is medically necessary.