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| Case Number: | CM15-0086793 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 04/09/2012 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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 45-year-old male who sustained an industrial injury on 4/9/12. Injury was reported relative to working and sweeping around his truck. Records documented low back pain with right lower extremity radiculopathy. The 7/27/12 lumbar spine MRI impression documented a small right lateral disc protrusion extending into the neural foramen at L4/5, associated with annular fissure and disc desiccation. The spinal canal and neuroforaminal were normal. There was mild bilateral facet degenerative joint disease. At L5/S1, there was a moderately sized disc protrusion extending centrally and paracentrally, associated with an annular fissure and disc desiccation. The spinal canal and neural foramen were a normal size, and the facet joints were normal. Conservative treatment had recently included 6 visits of acupuncture and medications. The 3/30/15 treating physician report indicated that bilateral lumbar facet blocks (2/23/15) had been performed with 70% pain relief for 2 days, as well as an increased ability to walk and sleep, and improved quality of life. The 4/21/15 treating physician report cited chronic low back pain with a diagnosis of lumbar spondylosis, radiculopathy, and pain. Physical exam documented positive straight leg raise on the right at 30 degrees, pain over the lumbar facet joints from L3 to S1 bilaterally, antalgic gait, and grossly intact lower extremity strength. Lumbar flexion was 60 degrees without pain. Lumbar extension was 10 degrees and painful. Lower extremity sensation was decreased over the right big toe and dorsum of the foot. There were absent L5 and S1 deep tendon reflexes. The treating physician report opined that most of his pain was a result of lumbar spondylosis or facet arthropathy. Authorization was requested for bilateral radiofrequency lesioning at L4-L5 and L5-S1 under fluoroscopic guidance

and monitored anesthesia. There was no documentation of a program of functional restoration, including home exercise program. The 5/1/15 utilization review non-certified the request for bilateral radiofrequency lesioning at L4-L5 and L5-S1 under fluoroscopic guidance and monitored anesthesia as there was no documentation of a formal plan of conservative treatment to accompany the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency lesioning at L4-L5 and L5-S1 under fluoroscopic guidance and monitored anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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 neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with low back pain and clinical exam findings consistent with L5 and S1 radiculopathy. There is pain with lumbar extension noted. There was imaging evidence of discogenic disease at both levels with mild degenerative joint disease at L4/5, but normal facet joints at L5/S1. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of a current program of functional restoration. Therefore, this request is not medically necessary.