

<b>Case Number:</b>	CM14-0167828		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	05/19/2000
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 63 year old male with a date of injury on 5/19/2000. Subjective complaints are of neck and low back pain rated at 4/10, with numbness radiating into the bilateral arms and the end of the 4th and 5th digits, and sensation of tingling in the lower back with radiation to the coccyx. Physical exam shows lumbar facet tenderness bilaterally, and decreased lumbar range of motion, and increased pain with facet challenge. There was also decreased sensation in L5 dermatome on the left and slight tenderness around the coccyx. X-rays of the lumbar spine revealed no evidence of coccyx fracture or dislocation. Patient had a medial branch block on 10/12/2012 which provided 70% improvement. Magnetic resonance imaging (MRI) of the lumbar spine from 9/21/2011 showed degenerative disc disease at L5-S1, and mild annular bulge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One radiofrequency ablation at bilateral L5-S1:** 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 (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) LOW BACK, RADIOFREQUENCY NEUROTOME

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) guidelines suggest there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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 suggests that radiofrequency ablation is under study, and conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. The Official Disability Guidelines (ODG) states that neurotomy should not be repeated unless there is documentation of 70% relief from medial branch blocks, and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. For this patient, submitted documents show prior medial branch block in 2012 that provided 70% relief, but records did not identify any more recent diagnostic evaluation. Furthermore, there is no evidence of further active care to be provided with this procedure. Therefore, the medical necessity of RFA is not established.

**One cushion for coccyx pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel. Pressure ulcer treatment recommendation. In: Prevention and treatment of pressure ulcers: clinical practice guideline. Washington (DC): National Pressure Ulcer Advisory Panel; 2009, p. 51-120

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, LUMBAR SUPPORTS, DME

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore, Official Disability Guidelines (ODG) guidelines indicate that durable medical equipment generally is not useful to a person in the absence of specific injury. There was no clinical evidence provided that would support the addition of a sacral cushion at this point in the patient's chronic treatment. Therefore the medical necessity of a sacral cushion is not established.