

Case Number:	CM14-0183023		
Date Assigned:	11/07/2014	Date of Injury:	05/23/2012
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

The injured worker is a 45-year-old male. His date of injury was 05/23/2012. His mechanism of injury was not indicated in the medical records. His diagnoses included lumbar strain, L4-5 spondylosis with annular tear, L5-S1 spondylosis with disc bulge, L4-5, L5-S1 discogenic low back pain, and left hamstring tendinitis. His past treatments have included lumbar epidural steroid injection on 10/16/2012, again on 12/06/2012, physical therapy, lumbar epidural steroid injections on 04/11/2013 and again in 06/2013, lumbar epidural steroid injections in 10/2013, bilateral L4-5 facet injections on 05/09/2014, and bilateral L4-5 radiofrequency ablation on 08/29/2014. His diagnostic studies included x-rays of the lumbar spine, date unknown, MRI of the lumbar spine on 07/05/2012, lumbar discography on 01/13/2014. His surgical history included, on 05/09/2014, a bilateral L4-5 facet medial branch block and 08/29/2014, a bilateral L4-5 and L5-S1 medial branch radiofrequency ablation facet joints. On 10/02/2014, he had complaints of left back pain and left posterior buttock pain radiating down the posterior thigh to the knee level. His pain scale related to his back was 3/10, right leg was 1/10, left leg 4/10. On 10/02/2014, his physical exam findings included positive straight leg raise on the left, negative straight leg raise on the right, having a marked improvement in his right sided pain. His left side is persistent with pain which may be due to incomplete denervation. His medications included Lidoderm patches, Oxycodone, Meloxicam, Lyrica, and Flexeril. His treatment plan included a repeat left L4-5, L5-S1 radiofrequency ablation. Follow-up office visit in 5 weeks. The rationale for the request was to control pain. The Request for Authorization form was signed and dated 10/06/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for left L4-5 radiofrequency ablation is not medically necessary. The injured worker has a history of lumbar strain, L4-5 spondylosis with annular tear, L5-S1 spondylosis with disc bulge, discogenic low back pain, and left hamstring tendinitis. He has had 1 radiofrequency ablation to the left L4-5 and L5-S1 lumbar area. He had marked improvement on his right sided pain; however, his left side is still persistent with pain. This procedure was done on 08/29/2014. The California MTUS/ACOEM Guidelines state that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. 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. Without the documentation of pain scores before and after the 08/29/2014 procedure, including documentation for at least 12 weeks as to the level of pain relief, and regarding the first neurotomy was performed on 08/29/2014 and it is recommended to not have another one for 6 months, the documentation does not support the request. Therefore, the request is not medically necessary.

Left L5-S1 Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for left L5-S1 radiofrequency ablation is not medically necessary. The injured worker has a history of lumbar strain, L4-5 spondylosis with annular tear, L5-S1 spondylosis with disc bulge, discogenic low back pain, and left hamstring tendinitis. He has had 1 radiofrequency ablation to the left L4-5 and L5-S1 lumbar area. He had marked improvement on his right sided pain; however, his left side is still persistent with pain. This procedure was done on 08/29/2014 The California MTUS/ACOEM Guidelines state that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. 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. Without the documentation of pain scores before and after the 08/29/2014 procedure, including documentation for at least 12 weeks as to the level of pain relief, and regarding the first neurotomy was performed on 08/29/2014 and it is recommended to not have another one for 6 months, the documentation does not support the request. Therefore, the request is not medically necessary.