

<b>Case Number:</b>	CM15-0019792		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	08/01/1998
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 3, 1998. In a utilization review report dated January 7, 2015, the claims administrator failed to approve a request for bilateral radiofrequency lumbar facet medial branch block neurotomy procedures at L3-4 and L5, and noncontrast lumbar MRI imaging. The claims administrator referenced an RFA form of January 2, 2015 at the top of its report but did not summarize the same. The claims administrator explicitly invoked non-MTUS ODG Guidelines in its decision but did not, however, incorporate the same into its rationale. The applicant's attorney subsequently appealed. In a February 3, 2015 progress note, the applicant reported 9/10 low back pain radiating to the groin region. The attending provider contented that the applicant did not have evidence of active lumbar radiculopathy. Multilevel lumbar facetogenic tenderness was noted. The applicant did have persistent complaints of low back pain. It was stated that the applicant had undergone over 12 weeks of conservative therapy. The attending provider contented that the applicant had had prior diagnostic lumbar facet injections and radiofrequency medial branch neurotomies at the levels in question, including on April 28, 2014. The applicant was still using tramadol and Soma, however, it was acknowledged. The applicant's work status was not furnished on this occasion. In a December 31, 2014 progress note, handwritten, difficult to follow, and not entirely legible, the applicant again reported ongoing complaints of low back pain. The applicant was status post a total hip arthroplasty, it was incidentally noted. Tenderness and limited range of motion of the lumbar spine was appreciated. Large portions of the progress note were difficult to follow,

sparse, and not entirely legible. The applicant was asked to continue current medications and remain off work, on total temporary disability. 9/10 pain with medications versus 10/10 pain without medications was appreciated. The applicant was using both tramadol and Soma, it was acknowledged. The attending provider reiterated a request for a lumbar MRI imaging and a lumbar facet radiofrequency ablation procedure. The requesting provider was a pain management physician, not a lumbar spine surgeon, it was incidentally noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral Radiofrequency Lumbar Facet Medial Branch Neurotomy Under Fluoroscopy L3-4 and L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 301.

**Decision rationale:** 1. No, the request for bilateral lumbar facet radiofrequency ablation procedures under fluoroscopy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomy/lumbar facet radiofrequency ablation procedures produce "mixed results." Here, the applicant has had at least one set of lumbar radiofrequency ablation procedures and has, furthermore, failed to demonstrate a favorable outcome following the same. The applicant was/is off work, it was acknowledged in a handwritten December 31, 2014 progress note, receiving workers' compensation indemnity benefits. The applicant continued to report pain complaints in the 9/10 range, despite receipt of earlier facet radiofrequency ablation procedures/facet neurotomy procedures. The applicant remained dependent on analgesic medications such as tramadol and Soma. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier lumbar radiofrequency neurotomy/lumbar radiofrequency ablation procedures at various points over the course of the claim, including as recently as mid 2014. Therefore, the request was not medically necessary.

#### **MRI Lumbar Spine with Contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** 2. Similarly, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery

is being considered or red flag diagnoses are being evaluated. Here, however, there was/is no clear or compelling evidence that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The requesting provider was a pain management physician, not a spine surgeon, reducing the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering surgical interventions based on the outcome of the same. Therefore, the request was not medically necessary.