

Case Number:	CM15-0112504		
Date Assigned:	06/18/2015	Date of Injury:	04/11/2012
Decision Date:	07/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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, Hawaii
 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 was a 32-year-old female, who sustained an industrial injury, April 11, 2012. The injury was sustained when the injured worker was lifting heavy file boxes from the ground and placing them on the overhead shelves. The boxes weighed 25-30 pounds and after the repetitive lifting, the injured worker developed worsening back pain. The injured worker previously received the following treatments Norco, lumbar spine MRI on January 30, 2015, lumbar spine x-rays April 10, 2013, bilateral L3, L4 and L5 medial branch nerve radiofrequency neurotomies denervation the bilateral L4-L5 and L5-S1 facet joints, Mobic, Norco, home exercise program. The injured worker was diagnosed with low back pain, L4-L5 spondylosis and bilateral L4-L5 facet blocks with a 90% response lasting 3 weeks. According to progress note of April 2, 215, the injured worker's chief complaint was low back pain. The physical exam noted the injured worker had good coordination and was able to heel and toe walk without difficulty. There was mild tenderness to palpation of the lower lumbar spine. The pain was produced with extension. The straight leg raises were negative bilaterally. The sensation to touch was normal. The injured worker had recently under-went bilateral L4-L5 facet blocks which provided temporary improvement. The injured worker had 2-radiofrequency ablation with several months of improvement. The treatment plan included a bilateral L4-L5 lumbar spine radiofrequency ablation injections and bilateral L5-S1 lumbar spine radiofrequency ablation injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Radiofrequency Ablation injections Lumbar Spine Qty: 1. 00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 04/15/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Facet Joint Radiofrequency Neurotomy.

Decision rationale: The patient has ongoing low back pain. The current request is for bilateral L4-5 radiofrequency ablation injections lumbar spine QTY: 1. The ODG does recommend radiofrequency ablation when certain criteria are met. According to the ODG criteria (2), while repeat neurotomies may be required, they should not occur at an interval of less than six 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. In this case, an RFA was performed on 11/10/14 at the L4-5 and L5-S1 levels. The 12/01/14 progress report notes low back pain rated at 6/10. The next progress report dated 1/5/15 indicates low back pain rated 6/10. The 2/18/15 progress report notes low back pain graded 6/10 and the 4/2/15 progress report notes low back pain graded 8/10, while continuing her use of Norco at the same dosage. Based on the medical reports, the prior RFA did not provide 12 weeks of 50% or greater pain relief. As such, the available records are not medically necessary for the request of radiofrequency ablation at the L4-5 level bilaterally.

Bilateral L5-S1 Radiofrequency Ablation injections Lumbar Spine Qty: 1. 00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 04/15/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Facet Joint Radiofrequency Neurotomy.

Decision rationale: The patient has ongoing low back pain. The current request is for bilateral L5-S1 radiofrequency ablation injections lumbar spine QTY: 1. The ODG does recommend radiofrequency ablation when certain criteria are met. According to the ODG criteria (2), while repeat neurotomies may be required, they should not occur at an interval of less than six 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. In this

case, an RFA was performed on 11/10/14 at the L4-5 and L5-S1 levels. The 12/01/14 progress report notes low back pain rated at 6/10. The next progress report dated 1/5/15 indicates low back pain rated 6/10. The 2/18/15 progress report notes low back pain graded 6/10 and the 4/2/15 progress report notes low back pain graded 8/10, while continuing her use of Norco at the same dosage. Based on the medical reports, the prior RFA did not provide 12 weeks of 50% or greater pain relief. As such, the available records are not medically necessary for the request of radiofrequency ablation at the L5-S1 level bilaterally.