MAXIMUS Federal Services

Case Number:	CM15-0114659		
Date Assigned:	06/25/2015	Date of Injury:	08/03/2009
Decision Date:	07/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 64 year old male who reported an industrial injury on 8/3/2009. His diagnoses, and/or impressions, are noted to include: lumbosacral spondylolisthesis; moderate-severe lumbar disc collapse with mild retrolisthesis; lumbar spondylosis; lumbosacral facet arthropathy; and pacemaker implantation for cardiac disease. Recent computed tomography studies of the lumbar spine were done on 7/29/2014, and lumbar x-rays on 6/16/2014; no other current imaging studies are noted. His treatments are noted to include diagnostic bilateral lumbosacral facet blocks on 1/26/2015 - with 50-80% relief x 2 weeks; medication management with toxicology screenings. The progress notes of 4/15/2015 reported constant low back pain that was worse in the mornings, moderate-severe, and decreased throughout the day to moderate. He stated the pain as non-radiating, intermittent cramping in the calves from his lower back, aggravated by activities and standing erect, and the inability to lie down forcing him to sleep in a chair with the pain awakening him at night. Objective findings were noted to include no acute distress; that he was non-compliant to the post diagnostic lumbosacral facet blocks in 1/2015; tenderness and guarding in the lumbosacral para-spinal musculature; decreased lumbar range-of-motion secondary to pain with a dyskinetic recovery from a forward-flexed position; and significant increase in pain with extension/rotation maneuvers. The physician's requests for treatments were noted to include right lumbar radio-frequency ablations based on his response to the diagnostic block, to try to get him additional relief that will last much longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right and left L4, L5, and S1 medial branch radio-frequency ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Facet joint diagnostic blocks (injections) and Facet joint radiofrequency neurotomy.

Decision rationale: Right and left L4, L5, and S1 medial branch radio-frequency ablation is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that radiofrequency ablation treatment requires a diagnosis of facet joint pain as per facet joint diagnostic block criteria which is limited to patients with low-back pain that is non-radicular. The documentation is not clear that the patient's symptoms are purely facetogenic. There are multiple progress notes describing a history of intermittent lumbar radiculopathy. The 4/15/15 document states that the patient has intermittent calf cramping however there is no motor, sensory or reflex exam on this date to evaluate this further. Additionally, the 4/21/15 progress note mentions decreased sensation in the left L5 dermatome. The request for medial branch radiofrequency ablations is not medically necessary.