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| Case Number: | CM15-0120155 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 05/18/2012 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 female who sustained an industrial injury on 5/18/12. Injury occurred while lifting a patient in bed. Conservative treatment included chiropractic treatment, physical therapy, transforaminal epidural steroid injection, medications, and activity modification. The 10/3/13 lumbar spine MRI documented facet arthropathy at L3/4 and L4/5. There was mild disc desiccation at L5/S1 with mild loss of posterior intervertebral disc height. There was a 2 mm right paracentral and central posterior disc protrusion endplate osteophyte complex with left paracentral extension. The 9/23/14 treating physician report documented Right L2 through L5 medial branch blocks with reduction in pain from 6/10 to 2/10 and functional improvement in activities. The 4/29/15 treating physician report cited grade 5/10 low back pain radiating down the right lateral leg but never below the knee. Pain had been present for 3 years and was sharp, aching, constant and burning. Low back pain was worse than right thigh pain. She reported a two-month history of urinary urgency and frequency. There were functional limitations in some activities of daily living, including prolonged walking and standing. Pain was relieved with rest, medications, sitting, back brace, or laying down. Medications included cyclobenzaprine, Butrans patches, Percocet, tramadol, and Zofran. She reported a diagnostic facet injection on the right with ultrasound previously that reduced her pain from 6/10 to 2/10. Physical exam documented moderate pain over the right L3/4, L4/5, and L5/S1 lumbar facet joints, moderate tenderness over the right sacroiliac joint, and pain in forward flexion or extension. Lower extremity neurologic exam was reported within normal limits. The diagnosis included sacroiliac joint dysfunction, facet joint disease, and lumbar facet syndrome. The injured worker had received two facet injections in California, and one facet injection with us. She was ready for lumbar radiofrequency ablation at L2, L3, L4, and L5 on the right. The 5/21/15 utilization review non-certified the request for lumbar radiofrequency ablation as there was no documentation of positive diagnostic medial branch block with a response of 70%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. No more than 2 joint levels should be performed at one time. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have not been met. This injured worker presents with low back pain that radiates into the right lateral thigh. Clinical exam findings are consistent with facet joint pain and there is imaging evidence of facet arthropathy at the L3/4 and L4/5 levels. Records indicate that a diagnostic facet injection had been provided with less than 70% reduction in pain noted for the duration of the local anesthetic and some functional benefit. The request for radiofrequency ablation from L2 through L5 exceeds 2 joint levels. Additionally, there is no evidence of a formal plan of additional evidence based conservative treatment in addition to the facet joint therapy. Therefore, this request is not medically necessary at this time.