

Case Number:	CM15-0175956		
Date Assigned:	09/17/2015	Date of Injury:	03/05/2010
Decision Date:	10/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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

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 is a 70 year old male, who sustained an industrial-work injury on 3-5-10. A review of the medical records indicates that the injured worker is undergoing treatment for axial low back pain, lumbar facet arthropathy, lumbar radiculopathy, myofascial pain, and generalized deconditioning. Medical records dated (3-6-15 to 8-14-15) indicate that the injured worker complains of axial low back pain and radicular low back pain. He states that he has flare ups of symptoms and that the pain is worse with sitting. He reports that he walks on a regular basis, does home exercise program (HEP) and swims. Per the treating physician report dated 8-14-15 the injured worker has returned to work with full duties. The physical exam dated 8-14-15 reveals that there are no changes. There is continued tenderness to palpation of the lumbar myofascial area, as well as the facet joints. Forward flexion is about 70 degrees. The physician notes that a lumbar Magnetic Resonance Imaging (MRI) is pending and lumbar radiofrequency ablation is pending as well. Treatment to date has included pain medication such as Tylenol, right lumbar radiofrequency ablation injection done June 27, 2014 to L3-L4, L4-L5 and L5-S1 with greater than 70 percent relief of pain until flare-up, medial branch block trial with over 40 percent improvement in the past (unknown date), heat-ice and home exercise program (HEP). The physician indicates in the medical records dated 2-25-14 that the lumbar x-rays show mild to moderate multi-level disc and facet degenerative change and minimal L5 retrolisthesis. The request for authorization date was 8-25-15 and requested service included Lumbar radiofrequency ablation L3, L4, L5, S1. The original Utilization review dated 9-1-15 non-

certified the request as the documentation does not tell when the prior medial branch block was performed and at which level. Therefore medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation L3, L4, L5, S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Back, Acute and Chronic, updated 07/15/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The 70 year old patient complains of axial and radicular low back pain, as per progress report dated 08/14/15. The request is for LUMBAR RADIOFREQUENCY ABLATION L3, L4, L5, S1. The RFA for this case is dated 08/25/15, and the patient's date of injury is 03/05/10. Diagnoses, as per progress report dated 08/14/15, included axial low back pain, myofascial pain syndrome, generalized deconditioning, and lumbar radiculopathy. The patient is working full time, as per progress report dated 08/14/15. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 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. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." ODG Low back Chapter under Facet joint diagnostic blocks states: "1. One set of diagnostic medial branch blocks is required with a response of - 70%. The pain response should last at least 2 hours for Lidocaine." As per progress report, dated 08/14/15, physical examination revealed tenderness to palpation in the lumbar myofascial area and the facet joints. The treater states "he has had a successful medial branch block trial in the past." The treater believes the patient is an excellent candidate for radiofrequency ablation. In progress report dated 05/22/15, the treater states that according to [REDACTED] and the patient each time he had the radiofrequency ablation procedure, he reported substantial improvement of at least 50% or greater which satisfies the criteria for repeating the radiofrequency ablation.? In progress report dated 03/06/15, the treater states past radiofrequency ablation led to significant relief. In progress report, dated

02/06/15, the treater states the June 2014 radiofrequency ablation led to "greater than 70% relief. He found it to be extremity beneficial and it allowed him to continue working and was managing his symptoms until this flare." As per progress report dated 08/14/15, the patient has lumbar radiculopathy along with facet joint pain. While the patient did have >50% pain relief, it is not clear if this lasted for at least 12 weeks or not. However, there does appear to be adequate documentation of its benefit and the patient is working. The request IS medically necessary.