MAXIMUS Federal Services

Case Number:	CM15-0040362		
Date Assigned:	03/10/2015	Date of Injury:	09/24/2013
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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 was a 39 year old male, who sustained an industrial injury, September 24, 2013. The injured was sustained injuries to the lower back and mid back when a ladder fell in the injured workers chest. According to progress note of December 9, 2014, the injured workers chief complaint was lower back pain. The injured worker was rating the lower back pain at 6-7 out of 10; 1 being minimal pain and 10 being the worse pain. The physical exam noted pain with palpation of the L4-L5 and L5-S1 mid spine and left and right paraspinal musculature, left worse than the right. The r was pain also noted facet loading at L4-L5 and L5-S1. The range of motion noted normal flexion, extension limited to 20 degrees, lateral bending 40 degrees. The injured worker was diagnosed with degenerative disc disease of the lumbosacral spine with chronic low back pain and rule out facet syndrome at L4-S1 bilaterally, left worse than the right. The injured worker previously received the following treatments physical therapy, acupuncture, and pain management contract, EMG/NCV (electromyography/nerve conduction velocity studies) of the lower extremities, laboratory toxicology studies, bilateral facet medical block of L4-L5 and L5-S1 on October 7, 2014 and home exercise program. The treatment plan due to the efficacy of the previous bilateral facet medical block of L4-L5 and L5-S1 reducing the pain by 60% for two days on October 7, 2014, the treating physician was asking that the injured worker undergo 1 radiofrequency lesioning at bilateral L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning at bilateral L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic chapter, under Facet joint radiofrequency neurotomy Low back Chapter under Facet joint diagnostic blocks.

Decision rationale: The patient presents with lower back pain rated 5/10. The patient's date of injury is 09/24/13. Patient is status post medial branch diagnostic blocks performed on 10/07/14 at L4/L5 and L5/S1 levels. The request is for RADIOFREQUENCY LESIONING AT BILATERAL L4-S1.The RFA is dated 10/27/14. Physical examination dated 02/02/15 reveals tenderness to palpation of the L4-L5 and L5-S2 paraspinal levels and spinous processes, left worse than right. Treater also notes facet loading at these levels and decreased range of motion on extension of the lumbar spine. The patient's current medication regimen is not provided. Diagnostic imaging was not included, though and EMG/NCV of the lower extremities dated 03/01/14 with no significant findings. Patient is currently working with modified duties. ODG, Low Back - Lumbar & Thoracic 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. 5: No more than two joint levels are to be performed at one time. 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." In this case, the treater is requesting what appears to be this patient's first radiofrequency ablation therapy at L4/L5 and L5/S1 following a diagnostic medial branch block at those levels. Progress note dated 02/02/15 documents a 60 percent reduction in this patient's pain levels following the diagnostic block lasting 2 days, and that this patient's symptoms have since returned. ODG Guidelines for radiofrequency ablation following medial branch block specify that pain levels must be reduced by 70 percent before radiofrequency ablation is considered appropriate. While this patient's diagnostic block did produce significant results, the documented 60 percent reduction falls short of guideline recommendations and a radiofrequency ablation at the requested levels cannot be substantiated. The request IS NOT medically necessary.