

Case Number:	CM15-0077148		
Date Assigned:	04/28/2015	Date of Injury:	12/26/2010
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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 77-year-old female who sustained an industrial injury on 12/26/10, relative to a trip and fall. Past medical history was positive for diabetes, hypertension and arthritis. The 10/7/14 orthopedic report cited severe lower back pain with intermittent radiculopathy into her lower extremities. Pain was worse with prolonged standing and hyperextension of the spine. Flexion/extension films showed a new progressive 6 mm spondylolisthesis at L3/4 and an 11 mm spondylolisthesis at L4/5, with positive findings for instability. Motor and sensation were intact. Follow-up with a second opinion was recommended for potential 3-level fusion. The 11/4/14 orthopedic report cited continued low back pain with instability in walking. Neurologic exam was intact. The diagnosis was degenerative disc and facet joint disease. She was contemplating surgery but wanted injections. Referral to pain management was recommended for facet joint injections at L4 through S1 and subsequent bilateral radiofrequency ablation if indicated. The 1/16/14 right L4/5 and L5/S1 medial branch blocks reportedly reduced pain to grade 1/10. The 3/3/15 progress report cited right sided low back pain and more moderate low back pain on the left side. She had right L4/5 and L5/S1 medial branch blocks that went relatively well for per. The plan was for her to go through right L4/5 and L5/S1 radiofrequency ablation. Records indicated that radiofrequency rhizotomy of the lumbar spine at right L3 L4, L5, and S1 was performed on 3/10/15. The 3/23/15 pain management report indicated that the injured worker had undergone right L4/5 and L5/S1 medial branch blocks which were successful. She underwent right radiofrequency lesioning at L4/5 and L5/S1 on 3/10/15 with at least 50-60% improvement in her pain and activity level. Current back

pain was reported 6/10 average, and 9/10 at worst. Pain was worse with twisting, bending, increased activity, and cold weather. It was better with sitting, resting, and using pain medications. Physical exam documented antalgic gait with a cane and left lumbar paravertebral tenderness at L4/5 and L5/S1. FADIR and Gaenslen's tests were positive. Extension and bilateral lateral rotation of the lumbar spine was positive for back pain. Neurologic exam was within normal limits and straight leg raise tests were negative. She was currently using Tylenol for pain and had been performing a home exercise program. The 4/15/15 utilization review non-certified the request for right sided radiofrequency ablation at L4/5 and L5/S1, quantity 3, as there was no documentation of at least 50% pain reduction for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation for the Right Side L4-L5 and L5-S1, quantity three: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic.

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 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. Criteria state that 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). 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 patient presents with low back pain and established lumbar degenerative disc and facet joint disease with significant spondylolisthesis at L3/4 and L4/5. She underwent right L4/5 and L5/S1 medial branch blocks with reported significant pain reduction. Right L4/5 and L5/S1 radiofrequency rhizotomy was performed on 3/10/15 with stated response of 50-60% pain reduction but records do not evidence continued benefit as of 3/23/15. There was in compelling rationale to support the medical necessity of additional radiofrequency procedures for this patient based on the reported response to the 3/10/15 procedure. Therefore, this request is not medically necessary.