

Case Number:	CM15-0092071		
Date Assigned:	05/18/2015	Date of Injury:	05/23/2003
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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:

This injured worker is a 63-year-old female who sustained an industrial injury on 5/23/03. Injury occurred when she was unloading boxes from the back of a truck at a construction site and the dirt beneath her gave-way. Injuries were reported to the ankles, knees, and back. The injured worker underwent lumbar facet medial branch blocks on 3/5/13 bilaterally at L3, L4, L5, and the dorsal ramus of L5 with approximately 70% pain relief and functional improvement for the duration of the local anesthetic. The 4/16/15 treating physician report cited severe worsening of right sided lower back pain and inability to function in activities of daily living. Pain was worse with facet loading and extension. Pain was exacerbated with squatting, standing, and walking. Pain was relieved with analgesic medications and rest. Medications provided 70% improvement in pain and function. A prior request for radiofrequency ablation was reportedly submitted in September 2013. The lumbar medial branch block helped a lot, greater than 80% improvement in pain and function. The diagnosis included lumbar spine arthritis, degenerative disc disease, lumbago, and lumbosacral radiculopathy. Lumbar spine exam documented bilateral tenderness, diminished flexion and extension restricted by pain, and negative straight leg raise. She had facetogenic pain with extension of the lumbar spine and palpation of the facet joints, focused primarily on the right L4/5 and L5/S1 facet area. The lower extremity exam was within normal limits. The treating physician reported that a request for lumbar radiofrequency ablation was authorized in August 2014 but the authorization expired before the procedure was scheduled. An extension was requested again in February 2015 but there had been no response. Authorization was requested for lumbar radiofrequency ablation with no documentation of the levels being

requested. She was to continue her current home stretching and strengthening exercise program. The 4/28/15 utilization review non-certified the request for radiofrequency ablation as the diagnostic medial branch blocks were performed more than 2 years ago and the diagnostic validity could not be considered applicable to consideration of radiofrequency treatment at present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation with fluoroscopy and moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommend facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been fully met. This injured worker presents with signs/symptoms and clinical exam findings consistent with facet mediated pain. There was documentation of a positive lumbar medial branch block on 3/5/13 with significant pain reduction (70-80%) and improvement in functional levels. However, there is no current evidence that conservative treatment has failed. The injured worker reports a 70% improvement in pain and function with current medications. Additionally, the treating physician has not specified the levels to be treated with radiofrequency ablation, which does not allow for full application of guideline criteria. Therefore, this request is not medically necessary.