

Case Number:	CM15-0096461		
Date Assigned:	05/26/2015	Date of Injury:	01/14/2004
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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 59-year-old female who sustained an industrial injury on 1/14/04. The mechanism of injury was not documented. Past surgical history was positive for right total knee arthroplasty in 2009, and left total knee arthroplasty in 2011. The 12/15/11 lumbar spine MRI impression documented mild to moderate bilateral foraminal narrowing at L4/5 with mild effacement of the thecal sac and bilateral L5 lateral recess narrowing. There was mild bilateral neuroforaminal encroachment at L5/S1, mild effacement of the thecal sac and bilateral neuroforaminal narrowing at L3/4, and moderate facet arthrosis at L4/5 and L5/S1. The 4/9/15 treating physician report cited low back pain radiating down to the posterior hips but not past the knee, bilateral knee pain, and left ankle pain. She had increased pain with walking and standing. Physical exam documented antalgic gait, normal lower extremity muscle tone and strength, normal lower extremity sensation, negative straight leg raise, decreased lumbar range of motion, lumbar muscle spasms and guarding, and tenderness to palpation over the bilateral lower lumbar facet joints. She underwent bilateral L4/5 and L5/S1 radiofrequency ablation in 2013 with significant pain relief. She had greater than 60% relief in her right low back pain for 8 months and greater than 50% reduction in left low back pain for 2 months. She was able to wean off her walker and was able to tolerate walking for 20 minutes as compared to 10 minutes prior to procedure. Pain was now increased axial back pain, worse with extension and twisting, indicative of facet mediated pain. Authorization was requested for bilateral permanent lumbar facet injection (radiofrequency ablation) bilateral L4/5 and L5/S1 under fluoroscopic guidance and intravenous sedation. The 4/23/15 utilization review non-certified the request for bilateral radiofrequency ablation at bilateral L4/5 and L5/S1 as guideline criteria for repeat radiofrequency ablation had not been met relative to duration of prior benefit and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The

4/27/15 treating physician appeal stated that the injured worker had low back pain with radicular symptoms for which she received lumbar epidural steroid injection. She was status post right lumbar facet radiofrequency ablation with benefit. She continued to have difficulty coping with her chronic pain and had been denied a full functional restoration program. She had low back, bilateral knee and left ankle pain. She was participating in aqua therapy with improvement in knee strength. She underwent bilateral radiofrequency ablation on 7/16/13 and obtained significant pain relief with right sided axial low back pain. She had greater than 60% relief in her right low back pain for 8 months and greater than 50% reduction in left low back pain for 2 months. She was able to wean off her walker and was able to tolerate walking for 20 minutes as compared to 10 minutes prior to procedure. She was able to decrease her medication and not utilize medications for some days after the procedure. Pain was now increased on both sides of her back, worse with extension and twisting, indicative of facet mediated pain. She had tenderness to palpation over the bilateral lower lumbar facet joints, pain with facet loading, and normal neurologic exam with no signs of radiculopathy. Three sessions of physical therapy were also requested to continue rehabilitation. Appeal of the denial of bilateral L4/5 and L5/S1 radiofrequency ablation was requested. The 5/20/15 appeal letter stated that the patient had experienced at least 65% relief of her right sided low back pain for 8 months following the 7/16/13 radiofrequency ablation according to the 3/5/14 progress report. Only the left sided low back pain had returned prior to 6 months. There as significant functional improvement in walking tolerance following the radiofrequency ablation. Unfortunately, improvement in VAS scores had not been documented. There was some reduction in medications but she was also using medication to manage her bilateral knee and ankle pain. Appeal of the radiofrequency ablation denial was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Permanent Lumbar Facet Injection (Radiofrequency Ablation), Lumbar L4-L5 & L5-S1 (sacroiliac) levels under fluoroscopic guidance and intravenous sedation:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Fact joint radiofrequency neurotomy.

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 ½ Lumbar & Thoracic, 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. 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). 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. There should be evidence of a formal plan of additional evidenced

based conservative care in addition to facet joint therapy. Guideline criteria have been essentially met. This patient presents with increased axial low back pain associated with functional difficulty in walking and standing. Clinical exam findings are consistent with facet-mediated pain with no evidence of radiculopathy. Imaging findings documented moderate L4/5 and L5/S1 facet arthropathy. Prior radiofrequency ablation provided at least 65% relief of right sided low back pain for 8 months and greater than 50% relief of left sided low back pain for 2 months. There was documentation of improvement in walking tolerance and some reduction in medications, although medication need was also noted relative to the knees. There is evidence of an evidence based conservative care in addition to facet joint therapy. Given the reported improvement, repeat radiofrequency ablation is reasonable. Therefore, this request is medically necessary.