

Case Number:	CM14-0151374		
Date Assigned:	09/19/2014	Date of Injury:	02/09/1988
Decision Date:	11/05/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 67-year-old male who has submitted a claim for axial back pain, lumbar spondylosis, lumbar degenerative disc disease, lumbar radiculopathy and lumbar stenosis associated with an industrial injury date of 2/9/1988. Medical records from 2014 were reviewed. Injured worker complained of low back pain. He reported greater than 80% pain relief approximately 5 days after lumbar medial branch block. Pain was rated 4/10 in severity. Injured worker denied focal weakness and bowel or bladder dysfunction. Physical examination of the lumbar spine showed tenderness and painful extension. Motor, reflexes, and sensory were intact. MRI of the lumbar spine, dated 1/23/2014, showed progression of right L4 to L5 foramina stenosis with mild effacement of the exiting right L4 nerve root; and progression of L5 to S1 central disc protrusion extending between the S1 nerve roots without effacement. Treatment to date has included physical therapy, bilateral L5 to S1 transforaminal epidural steroid injection on 2/24/2014, left L3, L4, and L5 medial branch block on 7/21/2014, right L3, L4, and L5 medial branch blocks on 8/4/2014, and medications. Utilization review from 9/5/2014 denied the requests for radiofrequency right L3-4, Radiofrequency right L4-5, Radiofrequency right L5-S1, Radiofrequency Left L3-4 to be done 2 weeks apart from right side, Radiofrequency Left L4-5 to be done 2 weeks apart from right side, and Radiofrequency Left L5-S1 to be done 2 weeks apart from right side because the guideline did not recommend more than two facet joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency right L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain

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, Facet Joint Radiofrequency Neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks (MBB) with a response of 70% (pain response should last at least 2 hours for Lidocaine); no more than two joint levels will be performed at one time; a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, injured worker complained of low back pain. He denied focal weakness and bowel or bladder dysfunction. Physical examination of the lumbar spine showed tenderness and painful extension. Motor, reflexes, and sensory was intact. MRI of the lumbar spine, dated 1/23/2014, showed progression of right L4 to L5 foraminal stenosis with mild effacement of the exiting right L4 nerve root; and progression of L5 to S1 central disc protrusion extending between the S1 nerve roots without effacement. Injured worker underwent bilateral L5 to S1 transforaminal epidural steroid injection on 2/24/2014, left L3, L4, and L5 medial branch block on 7/21/2014, right L3, L4, and L5 medial branch blocks on 8/4/2014. He reported greater than 80% pain relief approximately 5 days after lumbar MBB. However, there is no discussion concerning plan for additional conservative care, such as an exercise program to be used in conjunction to MBB. Moreover, the present request as submitted also included radiofrequency procedures at right L3 to L4, right L4 to L5, and right L5 to S1. The guideline clearly states that the procedure is not recommended for more than two joint levels at one time. There is no discussion that these levels will be treated separately. Therefore, the request for radiofrequency right L3-4 is not medically necessary.

Radiofrequency Left L3-4 to be done 2 weeks apart from right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain

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, Facet Joint Radiofrequency Neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks (MBB) with a response of 70% (pain response should last at least 2 hours for Lidocaine); no more than two joint levels will be performed at one time; a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, injured worker complained of low back pain. He denied focal weakness and bowel or bladder dysfunction. Physical examination of the lumbar spine showed tenderness and painful extension. Motor, reflexes, and sensory were intact. MRI of the lumbar spine, dated 1/23/2014, showed progression of right L4 to L5 foramina stenosis with mild effacement of the exiting right L4 nerve root; and progression of L5 to S1 central disc protrusion extending between the S1 nerve roots without effacement. Injured worker underwent bilateral L5 to S1 transforaminal epidural steroid injection on 2/24/2014, left L3, L4, and L5 medial branch block on 7/21/2014, right L3, L4, and L5 medial branch blocks on 8/4/2014. He reported greater than 80% pain relief approximately 5 days after lumbar MBB. However, there is no discussion concerning plan for additional conservative care, such as an exercise program to be used in conjunction to MBB. Moreover, the present request as submitted also included radiofrequency procedures at right L3 to L4, right L4 to L5, and right L5 to S1. The guideline clearly states that the procedure is not recommended for more than two joint levels at one time. There is no discussion that these levels will be treated separately. Therefore, the request for Radiofrequency Left L3-4 to be done 2 weeks apart from right side is not medically necessary.

Radiofrequency right L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain

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, Facet Joint Radiofrequency Neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks (MBB) with a response 70% (pain response should last at least 2 hours for Lidocaine); no more than two joint levels will be performed at one time; a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, injured worker complained of low back pain. He denied focal weakness and bowel or bladder dysfunction. Physical examination of the lumbar spine showed tenderness and painful extension. Motor, reflexes, and sensory were intact. MRI of the lumbar spine, dated 1/23/2014, showed progression of right L4 to L5 foramina stenosis with mild effacement of the exiting right L4 nerve root; and progression of L5 to S1 central disc protrusion extending between the S1

nerve roots without effacement. Injured worker underwent bilateral L5 to S1 transforaminal epidural steroid injection on 2/24/2014, left L3, L4, and L5 medial branch block on 7/21/2014, right L3, L4, and L5 medial branch blocks on 8/4/2014. He reported greater than 80% pain relief approximately 5 days after lumbar MBB. However, there is no discussion concerning plan for additional conservative care, such as an exercise program to be used in conjunction to MBB. Moreover, the present request as submitted also included radiofrequency procedures at right L3 to L4, right L4 to L5, and right L5 to S1. The guideline clearly states that the procedure is not recommended for more than two joint levels at one time. There is no discussion that these levels will be treated separately. Therefore, the request for radiofrequency right L4-L5 is not medically necessary.

Radiofrequency right L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain

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, Facet Joint Radiofrequency Neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks (MBB) with a response of 70% (pain response should last at least 2 hours for Lidocaine); no more than two joint levels will be performed at one time; a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, injured worker complained of low back pain. He denied focal weakness and bowel or bladder dysfunction. Physical examination of the lumbar spine showed tenderness and painful extension. Motor, reflexes, and sensory were intact. MRI of the lumbar spine, dated 1/23/2014, showed progression of right L4 to L5 foramina stenosis with mild effacement of the exiting right L4 nerve root; and progression of L5 to S1 central disc protrusion extending between the S1 nerve roots without effacement. Injured worker underwent bilateral L5 to S1 transforaminal epidural steroid injection on 2/24/2014, left L3, L4, and L5 medial branch block on 7/21/2014, right L3, L4, and L5 medial branch blocks on 8/4/2014. He reported greater than 80% pain relief approximately 5 days after lumbar MBB. However, there is no discussion concerning plan for additional conservative care, such as an exercise program to be used in conjunction to MBB. Moreover, the present request as submitted also included radiofrequency procedures at right L3 to L4, right L4 to L5, and right L5 to S1. The guideline clearly states that the procedure is not recommended for more than two joint levels at one time. There is no discussion that these levels will be treated separately. Therefore, the request for radiofrequency right L5-S1 is not medically necessary.

Radiofrequency Left L4-5 to be done 2 weeks apart from right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain

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, Facet Joint Radiofrequency Neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks (MBB) with a response of 70% (pain response should last at least 2 hours for Lidocaine); no more than two joint levels will be performed at one time; a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, injured worker complained of low back pain. He denied focal weakness and bowel or bladder dysfunction. Physical examination of the lumbar spine showed tenderness and painful extension. Motor, reflexes, and sensory were intact. MRI of the lumbar spine, dated 1/23/2014, showed progression of right L4 to L5 foramina stenosis with mild effacement of the exiting right L4 nerve root; and progression of L5 to S1 central disc protrusion extending between the S1 nerve roots without effacement. Injured worker underwent bilateral L5 to S1 transforaminal epidural steroid injection on 2/24/2014, left L3, L4, and L5 medial branch block on 7/21/2014, right L3, L4, and L5 medial branch blocks on 8/4/2014. He reported greater than 80% pain relief approximately 5 days after lumbar MBB. However, there is no discussion concerning plan for additional conservative care, such as an exercise program to be used in conjunction to MBB. Moreover, the present request as submitted also included radiofrequency procedures at right L3 to L4, right L4 to L5, and right L5 to S1. The guideline clearly states that the procedure is not recommended for more than two joint levels at one time. There is no discussion that these levels will be treated separately. Therefore, the request for Radiofrequency Left L4-L5 to be done 2 weeks apart from right side is not medically necessary.

Radiofrequency Left L5-S1 to be done 2 weeks apart from right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain

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, Facet Joint Radiofrequency Neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks (MBB) with a response of 70% (pain response should last at least 2 hours for Lidocaine); no more than two joint levels will be performed at one time; a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, injured worker complained of low back pain. He denied focal weakness and bowel or bladder dysfunction. Physical examination of the lumbar spine showed tenderness and painful extension. Motor, reflexes, and sensory were intact. MRI of the lumbar spine, dated 1/23/2014, showed progression of right L4 to L5 foramina stenosis with mild effacement of the exiting right L4 nerve root; and progression of L5 to S1 central disc protrusion extending between the S1 nerve roots without effacement. Injured worker underwent bilateral L5 to S1 transforaminal epidural steroid injection on 2/24/2014, left L3, L4, and L5 medial branch block on 7/21/2014, right L3, L4, and L5 medial branch blocks on 8/4/2014. He reported greater than 80% pain relief approximately 5 days after lumbar MBB. However, there is no discussion concerning plan for additional conservative care, such as an exercise program to be used in conjunction to MBB. Moreover, the present request as submitted also included radiofrequency procedures at right L3 to L4, right L4 to L5, and right L5 to S1. The guideline clearly states that the procedure is not recommended for more than two joint levels at one time. There is no discussion that these levels will be treated separately. Therefore, the request for Radiofrequency Left L5-S1 to be done 2 weeks apart from right side is not medically necessary.