

Case Number:	CM13-0009419		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2010
Decision Date:	05/27/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/09/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain 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:

The injured worker reported an industrial injury on January 18, 2010. The injured worker carries diagnoses of lumbosacral spondylosis without myelopathy, chronic low back pain, and lumbar degenerative disc disease. The disputed issue is a request for radiofrequency ablation of the lumbar spine region. The most relevant discussion of this is found in a progress note on date of service September 10, 2013. The requesting healthcare provider states that the images on CT demonstrated facet degeneration at L3-4, L4-5, and L5-S1. The patient's physical examinations demonstrate facet loading maneuver via Kemp's test. The requesting healthcare provider specifies that the patient has undergone medial branch block with excellent results. A visit on August 2, 2013 documents that the patient had "100% relief with the diagnostic injections that were approved; this lasted for hours." The procedure note is documented on June 14, 2013 that the patient underwent bilateral L3, L4, and L5 medial branch block. Conservative treatments to date have included pain medications such as Cymbalta and Gabapentin, as well as physical therapy. A utilization review determination had noncertified the request for radiofrequency ablation, citing ACOEM guidelines which reportedly do not support this procedure. The guidelines cited were actually for pulsed radiofrequency ablation, which is distinct from traditional radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR RADIOFREQUENCY ABLATION (RFA) AT BILATERAL L3-L4 , L4-L5, AND L5-S1.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Neurotomy Topic.

Decision rationale: Although the ACOEM guidelines do not recommend invasive procedures for the lumbar spine, there is no direct commentary on non-pulsed radiofrequency ablation. Therefore the Official Disability Guidelines are cited which have certain criteria to be fulfilled prior to radiofrequency ablation. In the case of this injured worker, there is documentation of a previously successful medial branch block at the bilateral L3, L4, and L5 levels. A visit on August 2, 2013 documents that the patient had "100% relief with the diagnostic injections that were approved; this lasted for hours." The procedure note is documented on June 14, 2013 that the patient underwent bilateral L3, L4, and L5 medial branch block. Conservative treatments to date have included pain medications such as Cymbalta and Gabapentin, as well as physical therapy. The patient's physical examinations demonstrate facet loading maneuver via Kemp's test on numerous visits. Given these factors, the radiofrequency ablation is medically indicated.