

Case Number:	CM13-0019128		
Date Assigned:	06/25/2014	Date of Injury:	09/05/2008
Decision Date:	08/05/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/30/2013

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 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:

The injured worker was injured on 09/05/08. A vitamin B12 injection and right L4-5 radiofrequency ablation are under review. On 08/16/13 it was noted that she had an exacerbation of hip pain with radiation to the inguinal area and to the calf. It was rated at a 9/10 and she had been in the ER for a severe exacerbation. X-rays were negative but she may still have been subluxed, and was given IM morphine. Her medications included Norco, Prilosec, Tylenol Extra Strength, Xanax, and Zantac. She received 2 intramuscular injections including B12 supplementation and Toradol. She continued Norco. She underwent a CT scan of the right hip on 12/18/12. She is status post right total hip arthroplasty and there was a lucent zone which was indicative of loosening. She received an impairment rating. She underwent right L4 and L5 radiofrequency ablation on 03/01/13 following a right L4-5 medial branch block on 02/01/13. On 08/22/13 she complained of hip pain and deep right groin pain. Documentation indicates that she had radiofrequency (RF) on 03/01/13 with 80% pain relief. She had right hip injections with minimal relief in the past. Her lumbar spine had tight muscle bands and trigger points with a twitch response, and range of motion was restricted at the right hip. There is an appeal the denial of the right L4 and L5 radiofrequency. It was noted that she had positive facet loading at right L4 and L5 concordant with pain as well as decreased sensation of the right lateral thigh of unclear etiology. On 11/01/13, a repeat CT scan of the proximal femur and distal femur in preparation for a right hip revision arthroplasty was recommended, as well as the L4-5 radiofrequency ablation. She remained on multiple pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 radiofrequency ablation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for use of facet joint radiofrequency neurotomy.

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, Radiofrequency ablation.

Decision rationale: The history and documentation do not objectively support the request for repeat right L4 and L5 radiofrequency ablation. The ODG states radiofrequency ablation is under study. Criteria for the use of facet joint radiofrequency neurotomy includes: Treatment requires a diagnosis of facet joint pain using a medial branch block; While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure; 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; No more than two joint levels are to be performed at one time; If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks; There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. ODG also states that this treatment should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, it is not clear that the injured worker does not have radicular symptoms since she has decreased sensation in her right thigh that has been described as being of unclear etiology. As such, the request is not medically necessary.

Retro vitamin B12mcg injection for DOS: 8/16/13 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine textbook, chapter on pernicious anemia.

Decision rationale: The history and documentation do not objectively support the request for a vitamin B12 injection. Vitamin B12 supplementation is only recommended when vitamin deficiency has been diagnosed, such as when pernicious anemia (caused by a deficiency of vitamin B12) exists. The necessity of the use of this type of supplementation, when vitamin B12 deficiency has not been diagnosed has not been clearly demonstrated. As such, the request is not medically necessary.