

Case Number:	CM13-0033989		
Date Assigned:	12/06/2013	Date of Injury:	06/20/2002
Decision Date:	04/03/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency 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 physician 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.

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 case involves a patient with date of injury of 6/20/2002. There was no mechanism of injury provided. The patient has a diagnosis of chronic pain syndrome, lumbago, lumbosacral spondylosis and lumbar postlaminectomy syndrome. There were multiple records reviewed from the primary treating provider and consultants. The last record available was until 8/29/13. The patient has complaints of low back pain and leg pain. The pain started in the low back, radiating down to both legs to ankles. The pain was throbbing and severe. There was some numbness and pins and needles in the anterior thigh. There was no weakness, nor bowel or urinary incontinence. The objective exam reveals discomfort due to pain, flattening of lumbar lordosis, midline healed scar, and paraspinous spasms with limited range of motion. The thoracic and cervical spine is normal. The records noted, positive straight leg raise on both sides to 50 degrees, and positive facet loading test and tenderness along facet joints bilaterally. The neurological exam is noted to be normal with no noted muscle or sensory deficits. The information provided by provider states that on 4/26/13, the patient underwent diagnostic blocks of the lumbar spine medial branch at L3, L4 and L5, with noted 80-100% of pain relief. The patient is currently on methadone for pain, Norco for flare ups, and Ambien, according to the medication list from 8/29/13. There is a history of physical therapy, chiropractic, psychotherapy, injections, and surgeries. The lumbar spine MRI on 5/30/02 reveals L3-4 laminectomy, degenerative disc disease, mild facet hypertrophy at L2-S1, and severe bilateral neuroforaminal stenosis at L3-4 and L4-5. The utilization review is for retrospective bilateral radio frequency ablation of L3-4, L4-5 and L5-S1 on 7/15/13. The prior utilization review was on 8/15/13 and 9/10/13. The original review recommended non-certification, but the patient underwent the procedure anyway. With additional information provided to second reviewer, second reviewer recommended certification with modification to procedure requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONE (1) L3-4, L4-5 AND L5-S1 BILATERAL RADIOFREQUENCY ABLATION ON 7/15/2013: Overturned

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-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The MTUS/ACOEM Guidelines indicate that radio frequency ablation neurotomy is mostly indicated in cervical disc disease; however, there are criteria for use in lumbar disc disease. The guidelines also indicate that it may be considered after diagnostic nerve blocks shows improvement in pain. The patient meets criteria with positive diagnostic blocks on 4/26/13, providing over 80% improvement in pain. Since the patient meets criteria for radio frequency ablation neurotomy, the retrospective request for the procedure is medically appropriate.