MAXIMUS Federal Services

Case Number:	CM13-0037166		
Date Assigned:	12/13/2013	Date of Injury:	04/04/2011
Decision Date:	02/26/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/23/2013

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 in Physical Medicine, Rehabilitation, and Pain Management has a subspecialty in Interventional Spine 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. 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:

This is a 64-year-old male, [redacted] employee, who was injured on 4/11/2011 when he was carrying a 50-60 pound bag and tripped and fell, striking his right shoulder on the bag cart, and his back on the ground. He has been diagnosed with BUE (Bilateral Upper Extremity) peripheral neuropathy; bilateral cubital tunnel syndrome; multilevel cervical disc herniation with central and foraminal stenosis C2/3 to C6/7; lumbar disc herniation with foraminal stenosis and facet arthropathy L3/4, L4/5 and L5/S1; and right shoulder rotator cuff tendinitis. The IMR application shows a dispute with the 9/25/13 UR decision. The 9/25/13 UR letter is from [redacted] and recommends non-certification for the bilateral RFA (Radiofrequency Ablation) at L4/5 and L5/S1, based on the 8/7/13 medical report that mentions prior diagnostic facet injections, but not the outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Radiofrequency Rhizotomy at the L4-L5 and L5-S1 Levels: Upheld

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

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 chapter for facet joint radiofrequency neurotomy and online for diagnostic facet blocks, (http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections).

Decision rationale: According to the 4/23/13 operative report, the patient had facet injections a year prior with good pain relief. The patient was 6'4", 260 lbs., and had decreased sensation in the L5 dermatome. The 4/23/13 report is for bilateral facet joint injections at L4/5 and L5/S1 with trigger point injections x4 at the lumbar paraspinals. This was an intra-articular facet joint injection with 5mg Depo-Medrol and 1cc of 1% Xylocaine. The TPI were with 10cc Xylocaine and 5mg Depo-Medrol. The patient was reported to be on Nucynta, gabapentin and insulin. There was no VAS(Visual Analog Scale) pain scales provided for review. The 4/23/13 facet injection was not in accordance ODG guidelines and is non-diagnostic as it was not a medial branch block; the patient had radicular lower back pain; more than 0.5cc of injectate was given to each joint; the patient was on pain medications prior to and after the injection; and no documented VAS(Visual Analog Scale) pain scale. There was another facet injection performed on 6/25/13, [redacted] felt it was necessary to repeat the injection to gain more pain relief. The 6/25/13 therapeutic facet joint injection was not a diagnostic study, and was also provided with trigger point injections. The request for bilateral RFA (Radiofrequency Ablation) without appropriate diagnostic medial branch blocks is not in accordance with MTUS or ACOEM guidelines. Therefore, Decision for Bilateral Radiofrequency Rhizotomy at the L4-L5 and L5-S1 Levels is not medically necessary and appropriate.