

Case Number:	CM13-0061310		
Date Assigned:	05/07/2014	Date of Injury:	07/31/2000
Decision Date:	06/16/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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:

This is a 53-year-old female who sustained an injury on 7/31/2000. As result of the injury she is reported to have chronic neck and low back pain the low back pain radiates into both legs and she also complains of neck pain radiating into her arms with pain in her right shoulder. The patient underwent a radiofrequency ablation on the left at L3-4-5 on 5/1/13 which reportedly gave her relief of low back pain on the left side. She is now complaining of right-sided symptoms including right leg pain down to her foot. She has a positive straight leg raise sign on the right together with pain and limitation of motion of her spine. In addition she complains of right shoulder pain especially with overhead activity. Examination revealed decreased strength of the shoulder with limitation of abduction and adduction. The patient underwent transforaminal epidural steroid injections on the right at 4-L5 and at L5-S1 which reportedly relieved the right leg pain. The patient had a repeat MRI of the lumbar spine on 8/27/13 which revealed narrowing of the disc spaces between L4-L5 and L5-S1. There was also a broad-based disc protrusion of 3 mm and mild foraminal stenosis without central stenosis. All the evaluations in the medical record and have focused on the lumbar spine. There is not a good history of physical examination of the shoulder. There are no x-ray reports of the right shoulder, and there is no documentation that there has been any conservative treatment instituted. Request is made for a right radiofrequency ablation at L3, L4, L5, and a consult for right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT RADIOFREQUENCY ABLATION L3,4,5: 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), Low Back Chapter, 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.

Decision rationale: The MTUS does not specifically address radiofrequency neurotomy. However, the ODG has a discussion of both facet blocks and radiofrequency neurotomies. The criterion for radiofrequency neurotomy includes a positive diagnostic medial branch block done in a very specific manner prior to getting the radiofrequency neurotomy. Approval for repeat neurotomies depends on variables such as evidence of adequate diagnostic block, documented improvement in the visual analog scale (VAS) score, decreased medication and documented improvement in function. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint and therapy. According to the UR report, the provider opined that the patient had had good relief with previous radiofrequency neurotomies; however, success with previous procedures does not guarantee success with future procedures. For this reason a medial nerve branch blocks is required. The patient has not had this done yet. In addition, there is no documented improvement in the VAS score. While the provider reports that the patient's pain was lasts, the VAS score continues to be between 8 and 10, there are no decrease in medication and no documented improvement in function. Finally, there is no evidence that the patient is on an evidence-based conservative care plan in addition to the facet therapy. For all these reasons, the medical necessity of a repeat radiofrequency neurotomy is not medically necessary.