MAXIMUS Federal Services

Case Number:	CM13-0064495		
Date Assigned:	01/03/2014	Date of Injury:	09/16/2011
Decision Date:	05/20/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 and Rehabilitation, 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 is a 41-year-old female who reported an injury on 09/16/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included facet injections, physical therapy, trigger point injections, multiple medications, and a home exercise program. The injured worker was evaluated on 10/04/2013. It was documented that the injured worker had persistent low back pain rated at a 7/10. Physical findings included limited range of motion secondary to pain with moderate to severe tenderness to palpation of distal facet joints of the lumbar spine with severe tenderness of the right distal lumbar segments with palpable spasming in the region. The injured worker's diagnoses included lumbar degenerative disc disease, lumbar radiculitis, lumbar myofascial pain, and lumbar facet syndrome. The injured worker's treatment plan included bilateral radiofrequency ablation at the L4-5 and L5-S1 as the injured worker had dramatic pain relief and increased functional activity from previous facet block injections. It was noted that the injured worker had greater than 80% relief for over 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 RADIOFREQUENCY ABLATION RHIZOTOMIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

Decision rationale: The requested bilateral L4-5 radiofrequency ablation rhizotomies are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends radiofrequency ablation when the injured worker has had an appropriate response to a diagnostic medial branch block. It is noted within the documentation that the injured worker has had a facet injection at the L4-5 that provided 80% pain relief for over 4 weeks with documented functional improvement. Due to the length of the injured worker's response to treatment, it is indicated that this was a therapeutic injection. Diagnostic injections provide short-term pain relief. Therefore, it is unclear if the injured worker has undergone medial branch blocks at the L4-5. Therefore, the appropriateness of progressing to a radiofrequency rhizotomy cannot be determined. As such, the requested bilateral L4-5 radiofrequency ablation rhizotomy is not medically necessary or appropriate.

BILATERAL L5-S1 RADIOFREQUENCY ABLATION RHIZOTOMIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

Decision rationale: The requested bilateral L5-S1 radiofrequency ablation rhizotomies are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends radiofrequency ablation when the injured worker has had an appropriate response to a diagnostic medial branch block. It is noted within the documentation that the injured worker has had a facet injection at the L5-S1 that provided 80% pain relief for over 4 weeks with documented functional improvement. Due to the length of the injured worker's response to treatment, it is indicated that this was a therapeutic injection. Diagnostic injections provide short-term pain relief. Therefore, it is unclear if the injured worker has undergone medial branch blocks at the L5-S1. Therefore, the appropriateness of progressing to a radiofrequency rhizotomy cannot be determined. As such, the requested bilateral L5-S1 radiofrequency ablation rhizotomy is not medically necessary or appropriate.