

Case Number:	CM13-0071007		
Date Assigned:	01/08/2014	Date of Injury:	09/21/1999
Decision Date:	04/30/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/27/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 55-year-old female who reported an injury on 09/21/1999. The mechanism of injury was not provided for review. The patient's treatment history included bilateral total knee replacements, physical therapy, a radiofrequency ablation of the L3, L4, L5, TENS unit, and multiple medications. The patient's most recent clinical evaluation documented that the patient was requesting a repeat RFA as the last 1 was done in 07/2012. It was documented that the patient had an average pain of 7/10. Physical findings included low back pain radiating into the right leg with facet pain in the right lumbar joints. It was also documented that the patient had facet tenderness along the right cervical spine with limited range of motion and strength rated at a 4/5. The patient's diagnoses included severe low back pain with radiculopathy, neck pain with referred pain, cervical spondylosis, myofascial pain and spasming, knee pain with a history of bilateral total knee arthroplasties, depression and anxiety due to chronic pain, and poor sleep hygiene due to chronic pain. The patient's treatment plan included continuation of medications, a home exercise program, referral to a spine surgeon, a right cervical C2, C3, C4, C5 medial branch block, and a repeat L3, L4, L5 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT RIGHT L3, L4, L5 MEDIAL BRANCH (MB) RADIOFREQUENCY ABLATION (RFA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The requested REPEAT RIGHT L3, L4, L5 MEDIAL BRANCH (MB) RADIOFREQUENCY ABLATION (RFA) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommend radiofrequency ablations for facet-mediated pain. However, repeat procedures are not addressed. The Official Disability Guidelines recommend repeat radiofrequency ablations for patients who had at least 12 weeks of at least 50% pain relief with documentation of a decrease in pain levels, an increase in functional capabilities, and an associated reduction in pain medications. The clinical documentation submitted for review does indicate that the patient previously had a radiofrequency ablation at the requested level in 07/2012. However, the duration and level of pain relief was not provided. Additionally, there was no documentation of an increase in functional capabilities, a decrease in pain levels, or an associated reduction of pain medications. Therefore, a repeat neurotomy would not be appropriate for this patient. As such, the requested REPEAT RIGHT L3, L4, L5 MEDIAL BRANCH (MB) RADIOFREQUENCY ABLATION (RFA) is not medically necessary or appropriate.