MAXIMUS Federal Services

Case Number:	CM14-0001065		
Date Assigned:	01/29/2014	Date of Injury:	02/28/2012
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Surgery, 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 claimant is a 55-year-old individual with a date of injury of February 28, 2012. The mechanism of injury reported is that the claimant was pushing on a heavy door. The medical records provided for review indicates that the claimant has received a prior facet ablation that provided six months of relief. A progress note dated December 10, 2013 indicates the primary problem to be pain in the right hip. The claimant indicates that the pain feels like it is worsening and reports a pain level of 6-7/10. An MRI of the right hip is scheduled. The record notes the claimant is 70% of normal. The 2nd problem is pain in the right knee, accompanied by calf pain. A report of worsening is noted with a pain level of 4-5/10. The third problem is pain in the back, and that is reportedly stable, with a pain level of 7/10. Physical examination reveals paralumbar pain and inability to heel walk on the right. Lasegue's sign is negative. DTRs are 2+ and full sensation in all dermatomes is noted. Right hip examination indicates pain with motion and palpation range of motion is improved with abduction and flexion that the claimant cannot cross the right leg over the left. Pain is present with resisted abduction and the claimant cannot cross the right leg over the left. Abduction of the right hip is 40Â°. Examination of the left knee is normal. Examination of the right knee reveals pain with motion and deep squatting. Range of motion is limited. McMurray's and Lachman's tests, as well as the anterior drawer test are negative. There is no pain on palpation. Treatment plan discussion indicates that the claimant has been attending physical therapy once a week and fatigue is noted four hours after physical therapy, requiring that the claimant call in sick at work. The claimant is on a new combination of medications which are helping and providing better sleep. X-rays of the hip are normal. X-rays of lumbar spine revealed L4-5 facet arthropathy and a tight canal over the right area. A prior progress note dated November 5, 2013 indicates right hip pain with radiation to the right lower extremity and conservative intervention that has included physical therapy, chiropractic care,

intra-articular injections of the hip which provided no relief, and a radiofrequency nerve ablation that was performed providing temporary 100% relief to the hip and thigh pain. The record indicates that the pain has since returned.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT FACET ABLATION: 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): 298-301.

Decision rationale: The ACOEM Guidelines indicate that there is no strong evidence-based literature supporting this procedure in the lumbar region due to mixed results for the lumbar spine. The Guidelines support this procedure only after appropriate investigation involving a positive response following medial branch diagnostic blocks. The medical records provided for review indicates that the claimant had a positive response for 6 months to prior radiofrequency ablation. However, the level at which this radiofrequency ablation was provided, the date it was provided, and the duration of improvement is not noted. Though it appears that the medical record establishes appropriate diagnostics in support of lumbar spine pathology, there is no documentation evidencing the prior diagnostic blocks has provided a positive response, and that the claimant experienced sustained relief for at least 12 weeks at greater than or equal to 50% relief with the prior injection. Additionally, since the Guidelines limit the number of radiofrequency ablations per year, the date of the prior procedure should be documented. Furthermore, evidence of a formal plan of additional evidence-based conservative care, in addition to the facet joint therapy, should be noted. Based on the above criteria and recommendations, specifically the absence of documentation of a prior facet joint block with a positive response, and the appropriate positive response (50% relief for greater than or equal to 12 weeks) following the prior injection, this request is not medically necessary and appropriate.

FOLLOW UP VISIT WITH ORHTO TO SEE IF SURGICAL CANDIDATE NOW OR CONSIDER SPINAL STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: The ACOEM Guidelines supports the use of referral when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. A progress note from the requesting physician from November 2013 recommended continued

follow-up with pain management due to the claimant's previous response to radiofrequency ablation, and a negative response to a diagnostic hip injection. When noting that the most recent recommendation is for a repeat radiofrequency neurotomy, which, according to the medical record has not been provided, then it would be prudent to follow through with the appropriate recommended diagnostic and/or therapeutic testing to move forward with the proposed procedure. However, given multiple potential pain generators, the appropriate documentation to support that the facet joint is the pain generator is necessary, but has not yet been provided. As such, this request is not medically necessary and appropriate.