

Case Number:	CM14-0004769		
Date Assigned:	01/24/2014	Date of Injury:	07/15/2008
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & 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 71 year old female with a reported date of injury on 07/15/2008. The mechanism of injury reportedly occurred when the injured worker repeatedly moved around in a chair with wheels while performing her duties as a Sherriff. The injured worker complained of chronic lumbar and leg pain. According to the documentation provided the injured worker had an epidural injection in 04/2010 with "temporary" relief. On 05/05/2010, the injured worker underwent left knee replacement surgery. The MRI dated 09/12/2011 revealed mild multilevel degenerative disc disease present throughout the lumbar spine, mild to moderate bilateral facet osteoarthritis at L2-L3 through L5-S1 levels. The clinical note dated 08/19/2013 reported lumbar range of motion at flexion to 80 degrees, extension to 4 degrees, and left lateral bend to 10 degrees and right lateral bend to 18 degrees. The injured worker's motor strength was rated at 5/5. According to the clinical note dated 11/11/2013 the injured worker stated that she had improved numbness and pain in her legs. The injured worker's average pain was rated 7/10. The injured worker's diagnoses included chronic low back pain due to multiple etiologies, lumbar radiculopathy, lumbar degenerative disc disease and spondylosis, lumbar stenosis at L3/4 and L5/S1, myofascial pain/spasm and hypertension. The injured worker's medication regime included actos, aspirin, atenolol, Celebrex, Gabapentin, glyburide, nucynta ER, and Vicodin. The request for authorization of left L2-5 radiofrequency ablation was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L2-5 RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ACOEM Guidelines states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines state while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at ≥ 50% relief. No more than two joint levels are to be performed at one time. In addition, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical information provided for review lacks clear documentation of functional deficits. The Guidelines recommend no more than two joint levels to be performed at one time. The current request is for 3 levels. In addition, there is a lack of clear documentation of a formal plan of evidence-based conservative care in addition to facet joint therapy. Furthermore, there is a lack of documentation of at least 12 weeks at ≥ 50% relief from the last radiofrequency ablation on 02/20/2013. Therefore, the request is not medically necessary and appropriate.