

Case Number:	CM14-0005433		
Date Assigned:	01/24/2014	Date of Injury:	07/01/1968
Decision Date:	08/08/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral lower extremity pain reportedly associated with an industrial injury of July 1, 1968. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and earlier multilevel lumbar fusion surgery. In a Utilization Review Report dated January 3, 2014, the claims administrator denied a request for multilevel medial branch block radiofrequency ablation procedure as well approving BuTrans and Norco. The applicant's attorney subsequently appealed. The applicant had earlier undergone multiple radiofrequency ablation procedures on December 5, 2012, it was acknowledged. The applicant was using Norco and BuTrans as of December 28, 2012, it was further noted. A lumbar MRI of August 15, 2012 was notable for a solid multilevel fusion between L3 and S1 with degenerative changes and spinal stenosis noted at L2-L3. A later note of November 28, 2013 was notable for comments that the applicant reported his right-sided axial low back pain has recurred. The applicant is asked to continue BuTrans and hydrocodone. Psychological counseling was also endorsed. The applicant did not appear to be working. The applicant's BMI is 22.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L3 MEDIAL BRANCH RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, there is not good quality literature which would support pursuit of radiofrequency neurotomy procedures in the lumbar spine region. In this case, the applicant has had prior lumbar radiofrequency ablation procedures, despite the tepid-to-unfavorable ACOEM recommendation. There has been no clear demonstration of functional improvement as defined in MTUS 9792.20f effected through the same. The applicant does not appear to have returned to work. The applicant remains highly reliant and highly dependent on opioid medication such as BuTrans and Norco. There has been no clear demonstration of improvement in terms of performance of nonwork activities of daily living, either. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier lumbar radiofrequency ablation procedures. Therefore, the proposed right L3 medial branch block radiofrequency ablation procedure is not medically necessary.

RIGHT L4 MEDIAL BRANCH RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, there is not high quality literature which would support radiofrequency ablation procedures of the lumbar spine/lumbar region. In this case, the applicant has already had earlier radiofrequency ablation procedures, despite the tepid-to-unfavorable ACOEM recommendation. The applicant has failed to demonstrate any lasting benefit or functional improvement as defined in MTUS 9792.20f through the same. The applicant has seemingly failed to return to work. The applicant remains highly reliant and highly dependent on opioid agent such as BuTrans and Norco. The attending provider has not outlined any concrete improvements in function and/or performance of non-work activities of daily living through prior radiofrequency ablation procedures. Therefore, the request is not medically necessary.

RIGHT L5 MEDIAL BRANCH RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, there is insufficient evidence and/or lack of high quality literature which would support radiofrequency neurotomy or radiofrequency ablation procedures such as those being sought here. In this case, the applicant has already had earlier radiofrequency ablation procedures, despite the tepid-to-unfavorable ACOEM recommendation. The applicant has failed to demonstrate any lasting benefit or functional improvement through the same. The applicant has seemingly failed to return to work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including medication such as BuTrans and Norco. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier radiofrequency ablation procedures. Therefore, the request is not medically necessary.

RIGHT S1 MEDIA CL BRANCH RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, there is lack of high quality literature which would support radiofrequency ablation procedures in the lumbar region. In this case, the applicant has already had earlier radiofrequency ablation procedures as recently as late 2012, despite the tepid-to-unfavorable ACOEM recommendation. The applicant has failed to demonstrate any lasting benefit or functional improvement as defined in MTUS 9792.20f through the same. The applicant has seemingly failed to return to work. There have been no clearly documented improvements in function achieved as a result of the prior radiofrequency ablation procedures. The applicant remains highly reliant and highly dependent on opioid medication such as Norco and BuTrans. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier radiofrequency ablation procedures. Therefore, the request for an S1 medial branch block radiofrequency ablation procedure is not medically necessary.