

Case Number:	CM14-0006767		
Date Assigned:	02/07/2014	Date of Injury:	01/04/2000
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 and Rehabilitation, has a subspecialty in California 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:

This patient is a 55-year-old female with date of injury of 01/04/2000. Per 12/18/2013 report, the patient has low back pain getting worse on both sides and wants repeat injections on what has been done in the past. Pain radiates to the right buttock, hip, and down to right leg. Now, pain down the left leg. Pain is improved by "RFTC" in February. This took 50% of her pain away, bursa injection in the past took away 40% of her pain, right piriformis muscle injection helped by 50% from 07/19/2012 but has not worn off. Recent treatments were from "RFTC" in February 2013 and bursa injection. MRI from 09/23/2013 showed mild central canal narrowing at L3-L4 with moderate to severe facet arthropathy, mild foraminal stenosis at L5-S1. Listed assessments are lumbar radiculopathy, myofascial pain, sacroiliitis, spondylosis without myelopathy, muscle spasm and insomnia. Recommendation is for radiofrequency thermocoagulation lumbar medial branches L4-L5 bilaterally. Operative report on 02/11/2013 is for right L4 and L5 dorsal ramus RF under fluoroscopic guidance. Report of lumbar MRI from 09/23/2013 reads L3-L4 moderately severe facet arthropathy, L5-S1 showed minimal foraminal encroachment bilaterally with no evidence of central canal stenosis. Report on 04/02/2013 indicates "pain in her buttock is 90% better following RFTC on 02/11/2013 but low back is still painful at 3/10 on pain scale. Since the procedure, he can ski, walk farther, had more flexibility but states, "The patient is complaining of low back pain, right buttock, hip pain". Report on 05/20/2013 states pain is described as sharp, radiates to right buttock, hip down to right leg associated with poor sleep. Pain is improved by RFTC in February. It took 50% of her pain away.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT LUMBAR L4 AND L5 RADIOFREQUENCY THERMOCOAGULATION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), RF Ablation Section.

Decision rationale: The MTUS Guidelines do not discuss RF ablation but the Official Disability Guidelines (ODG) do support repeat RF ablation if the patient experienced 50% or more reduction of pain, function with reduced use of medications lasting at least 3 months. In this patient, the treating physician provides conflicting results regarding patient's response. The patient buttock pain is improved but the low back pain is not. Overall, the patient has persistent severe pain with radiation but on another part of the report, the patient has 50% reduction from the procedure. Furthermore, the patient has pain that radiates down to lower extremities or radicular symptoms. ODG Guidelines do not support facet joint treatments for patients experiencing radiculopathy. Finally, the request is for either left-sided RF ablation or bilateral RF ablation. However, the patient had right-sided L4-L5 dorsal rami. Either the treating physician is not keeping track the side of the treatment and procedure or the treater wants to treat the left/bilaterally. The request for left-sided RF ablation is not indicated as the left side has not been tested with dorsal medial branch diagnostic blocks. The request is not medically necessary or appropriate.