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| Case Number: | CM14-0009819 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/16/1997 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 has a subspecialty in 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 is a 54 year old male with an 8/29/97 injury date. He fell from a ladder and hit his tailbone on the floor. A report on 1/22/14 shows that the patient underwent radiofrequency lesioning in Feb. 2008 and 2013 with good relief and has increased ability to do ADLs and walk more. His use of Avinza also has decreased after these procedures. The patient and provider agree that at this point, yearly radiofrequency ablations would control his symptoms. The patient now reports that the pain is worse again, severity 6-10/10. The pain is aching, stabbing, sharp, deep, cramping, and pressure like. He has to rest often during the day due to the pain and has difficulty sleeping. He can sit and stand for less than 15 minutes. Objective findings include normal gait, lumbar paraspinal spasm and tenderness, pain with facet loading, negative Wadell's signs, normal sensation and strength distally, and normal reflexes. Diagnostic impression: lumbosacral spondylosis without myelopathy. Treatment to date: medial branch block (1/13/11) for diagnosis of facet joint pain, lumbar radiofrequency lesioning X 2, both of which provided greater than 50% pain relief, medications, physical therapy, home exercise. A UR decision on 1/15/14 denied the request for radiofrequency lesioning for bilateral L3-4 and L5-S1 on the basis that medical necessity was not established. Specifically, no summary of treatment to date was included, including duration of relief, serial VAS scores, decreased medication usage, and increased functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY LESIONING FOR BILATERAL L3-4, L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. In the present case, the provider has submitted an updated report and clinical summary on 1/22/14. Based upon this report, it is clear that a prior medial branch block was used to confirm the diagnosis of facet joint pain, the patient's medication use decreases after prior RFA treatments, the VAS scores and general function improve after RFA treatment, and a plan is in place that limits future RFA treatments to a yearly basis. Therefore, the request for radiofrequency lesioning for bilateral L3-4, L5-S1, is medically necessary.