

Case Number:	CM14-0100120		
Date Assigned:	10/10/2014	Date of Injury:	02/11/1998
Decision Date:	12/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 67 year old female who sustained an industrial injury on 02/11/1998. Her history was significant for total knee arthroplasty on right side, left knee arthroscopy, bilateral rotator cuff repair, right hip fracture status post open reduction and internal fixation in April 2013, lumbar laminectomy and fusion procedure, L3-L5 and history of DVT on Coumadin. There is a history of facet injection of lumbar spine on June, 6, 2014. The clinical note from 06/10/14 was reviewed. She was scheduled for follow up post MNBN T12, L1 and L2 bilateral reporting 60% relief of pain post procedure. She still had difficulty moving in the mornings. She had back pain across the lumbar spine that was throbbing and aching, at a rate of 5-6/10. The symptoms were alleviated by rest and changing positions and exacerbated by walking, standing and all physical activities. The pain was radiating into left foot and right foot. Pertinent physical examination findings included severe tenderness of lower lumbar spine, moderately decreased lumbar range of motion, Kemp's test was positive bilaterally and negative bilateral SLR testing. Her diagnoses included back pain, lumbar degenerative disc disease and lumbosacral spondylosis without myelopathy. The plan of care included radiofrequency ablation of T12-L1, L1-L2 and L2-L3. Her medications included Warfarin, Gabapentin, Trazodone, Prozac, Mobic and Losartan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation bilateral T12-L1, L1-L2 and L2-L3: 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) Low back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The employee was a 67 year old female who sustained an industrial injury on 02/11/1998. Her history was significant for total knee arthroplasty on right side, left knee arthroscopy, bilateral rotator cuff repair, right hip fracture status post open reduction and internal fixation in April 2013, lumbar laminectomy and fusion procedure, L3-L5 and history of DVT on Coumadin. There is a history of facet injection of lumbar spine on June, 6, 2014. The clinical note from 06/10/14 was reviewed. She was scheduled for follow up post MNBN T12, L1 and L2 bilateral reporting 60% relief of pain post procedure. She still had difficulty moving in the mornings. She had back pain across the lumbar spine that was throbbing and aching, at a rate of 5-6/10. The symptoms were alleviated by rest and changing positions and exacerbated by walking, standing and all physical activities. The pain was radiating into left foot and right foot. Pertinent physical examination findings included severe tenderness of lower lumbar spine, moderately decreased lumbar range of motion, Kemp's test was positive bilaterally and negative bilateral SLR testing. Her diagnoses included back pain, lumbar degenerative disc disease and lumbosacral spondylosis without myelopathy. The plan of care included radiofrequency ablation of T12-L1, L1-L2 and L2-L3. Her medications included Warfarin, Gabapentin, Trazadone, Prozac, Mobic and Losartan. According to Official Disability Guidelines, facet joint radiofrequency neurotomy requires a diagnosis of facet joint using a medial branch block and no more than two joint levels are to be performed at one time. The current request rendered is for 3 joint levels, which is more than guidelines limit. The request for radiofrequency medial branch neurotomy T12-L1, L1-L2 and L2-L3 is not medically necessary or appropriate.