MAXIMUS Federal Services

Case Number:	CM14-0101644		
Date Assigned:	07/30/2014	Date of Injury:	12/07/2012
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 29-year-old male who reported an injury on 12/07/2012 due to a pushing and pulling of heavy materials. On 07/15/2014, the injured worker presented with low back pain. Upon examination, there was tenderness to palpation over the lumbar paraspinal muscles. There was a negative bilateral straight leg raise and sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. There was 5/5 motor strength and 2+ deep tendon reflexes to the lower extremities. An MRI performed on 02/15/2013 revealed L4-5 disc bulge measuring 5.9 mm with bilateral facet degenerative changes and similar changes at L5-S1 with a small disc bulge. The diagnoses were lumbar sprain/strain, lumbar facet arthropathy, and disc protrusion per MRI. Previous therapies included physical therapy, medications, and chiropractic care. The provider recommended a radiofrequency ablation at the bilateral L3, L4, and L5. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation at Bilateral L3, L4 and L5: Upheld

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

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 California MTUS/ACOEM Guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief of pain. However, similar quality literature does not exist regarding the same procedure in the lumbar region. The Official Disability Guidelines further state that radiofrequency neurotomy is under study. The criteria for use of a facet joint radiofrequency neurotomy include treatment requires a diagnosis of facet joint pain using a medial branch block, repeat neurotomies may be required and should occur at interval of less than 6 months from the first procedure. A repeat neurotomy should not occur unless duration of relief from the first procure is documented for at least 12 weeks at greater than 50% relief. No more than 3 procedures should be performed in a 1 year time period. Approval of repeat neurotomies depend on variables such as evidence of adequate diagnostic blocks, improvement in VAS scores, and decreased medications and documented improvement in function. No more than 2 joint levels are to be performed at 1 time and if different regions require neural blockade, these should be performed at intervals of no sooner than 1 week. There should also be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The included documentation states that the injured worker has had a successful lumbar medial branch block at the L3, L4, and L5; however, there is no objective functional improvement in pain relief of at least 50% or greater with a reduction of medication use. An adequate examination of the injured worker was not provided detailing current deficits to warrant a radiofrequency ablation, and there is lack of evidence of failure to respond to conservative treatment to include medications and physical medicine. As such, the request for Radiofrequency Ablation at Bilateral L3, L4 and L5 is not medically necessary.