

Case Number:	CM14-0106202		
Date Assigned:	09/24/2014	Date of Injury:	11/26/2012
Decision Date:	10/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Pain 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 injured worker is a 62-year-old male who reported an injury on 10/26/2000. The mechanism of injury was a slip and fall. The diagnoses included lumbar facet syndrome, cervical pain, lumbar radiculopathy, disc disorder of the lumbar spine, hip pain, and cervical radiculopathy. The previous treatments included physical therapy, injections, medication, radiofrequency ablation, and surgery. Within the clinical note dated 07/07/2014, it was reported the injured worker complained of lower back pain. On physical examination, the provider noted the range of motion of the lumbar spine was restricted with flexion at 45 degrees and extension at 5 degrees and limited by pain. There was tenderness to palpation of the paravertebral muscles. Spasms were noted on both sides. The lumbar facet loading test was positive on both sides. The injured worker elicited a positive straight leg raise test on both sides. The provider noted the injured worker had decreased sensation to light touch in the L4, L5, and S1 dermatomes on the left side. The provider noted the injured worker rated his pain 7/10 to 8/10 in severity in the low back. The provider requested a lumbar radiofrequency ablation. However, a rationale was not submitted for clinical review. A Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Radiofrequency Ablation (site: L4, L5 and S1); 6 joints, 6 nerves:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for bilateral lumbar radiofrequency ablation (site: L4, L5, and S1), 6 joints, 6 nerves is not medically necessary. The California MTUS/ACOEM Guidelines state there is good quality medical literature demonstrating that radio frequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar literature does not exist regarding the same procedure in the lumbar spine. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigations involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, the Official Disability Guidelines further state facet joint radio frequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain using a medial branch block. A neurotomy should not be repeated unless duration from the first procedure is documented for at least 12 weeks at 50% relief that is sustained for at least 6 months. Approval of repeat neurotomies depend on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medication, and documented improvement in function. No more than 2 joint levels are to be performed at one time. The clinical documentation submitted revealed radiculopathy, with neurological deficits on the examination which is exclusionary for the procedure requested. However the Medial Branch Block report was not submitted for review to confirming diagnostic medial branch block protocol was followed including no more than 2 joint levels to be performed. The clinical guidelines do not support radiofrequency ablation to the lumbar spine. The clinical documentation submitted did not indicate the joint levels as to which the previous injections were given. Therefore, the request is considered not medically necessary.