

Case Number:	CM14-0106497		
Date Assigned:	09/15/2014	Date of Injury:	10/10/2012
Decision Date:	10/07/2014	UR Denial Date:	06/23/2014
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 Emergency 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 57 year-old female, who sustained an injury on October 10, 2012. The mechanism of injury is not noted. Diagnostics have included: January 17, 2013 lumbar spine MRI reported as showing L3-4 disc protrusion with mild central canal and bilateral foramina stenosis, L4-5 bilateral focal foramina disc protrusion and stenosis, L5-S1 left foramina disc protrusion, multi-level facet arthropathy - most severe on right L5-S1; July 22, 2013 EMG reported as showing left L5 denervation and mild left L5 radiculopathy. Treatments have included: May 14, 2014 medial branch blocks, medications. The current diagnoses are: left elbow contusion, bilateral knee strain, lumbar radicular syndrome-resolved. The stated purpose of the request for L4-5 Radiofrequency ablation QTY: 1 was to provide lasting axial pain relief. The request for L4-5 Radiofrequency ablation QTY: 1 was denied on June 23, 2014, noting that facet blocks and RFA are reserved for non-radicular pain. The stated purpose of the request for L5-S1 radiofrequency ablation QTY: 1 was to provide lasting axial pain relief. The request for L5-S1 radiofrequency ablation QTY: 1 was denied on June 23, 2014, noting that facet blocks and RFA are reserved for non-radicular pain. Per the report dated June 3, 2014, the treating physician noted that the injured worker was status post medial branch blocks with complete temporary relief of symptoms and then returned. Exam findings included restricted lumbar range of motion with equal reflexes and motor strength. Per the June 27, 2014 report, the treating physician noted unchanged symptoms and exam findings including lumbar tenderness, equal reflexes and muscle strength with negative straight leg raising tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Radiofrequency ablation QTY:1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200 and 300. Decision based on Non-MTUS Citation ODG web low back

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 - Lumbar & Thoracic (Acute & Chronic)(updated 07/03/14), Radio-Frequency Ablation

Decision rationale: MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages 300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 07/03/14), Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medical branch blocks. The injured worker was status post medial branch blocks with complete temporary relief of symptoms and then it returned. The treating physician has documented lumbar tenderness, equal reflexes and muscle strength with negative straight leg raising tests. The request was denied noting that this procedure is reserved for non-radicular pain. The treating physician has documented that the radicular pain component has resolved, that there are no current physical exam findings indicative of radiculopathy, that there is facet arthropathy on imaging study, and there was a very successful diagnostic medical branch block. The criteria noted above having been met, L4-5 Radiofrequency ablation QTY: 1 is medically necessary.

L5-S1 radiofrequency ablation QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200 and 300. Decision based on Non-MTUS Citation ODG web low back

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 - Lumbar & Thoracic (Acute & Chronic)(updated 07/03/14), Radio-Frequency Ablation

Decision rationale: CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages 300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. ODG -TWC, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 07/03/14), Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medical branch blocks. The injured worker was status post medial branch blocks with complete temporary relief of symptoms and then returned. The treating physician has documented lumbar tenderness, equal reflexes and muscle strength with negative straight leg raising tests. The request was denied noting that this procedure is reserved for non-radicular pain. The treating physician has documented that the radicular pain component has resolved, that there are no current physical exam findings indicative of radiculopathy, that there is facet arthropathy on

imaging study, and there was a very successful diagnostic medical branch block. The criteria noted above having been met, L5-S1 radiofrequency ablation QTY: 1 is medically necessary.