

Case Number:	CM14-0109445		
Date Assigned:	08/01/2014	Date of Injury:	11/30/2012
Decision Date:	10/31/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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, 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 patient sustained an injury on 11/30/12 while employed by [REDACTED]. Request(s) under consideration include Radiofrequency ablation at the L4-L5 and L5-S1 levels at the medial branches on the right side. Diagnoses include lumbar intervertebral disc displacement without myelopathy/ lumbar disc disorder/ spinal stenosis without neurogenic claudication/ lumbosacral sprain/strain. MRI of the lumbar spine dated 2/11/14 showed L1-2 through L5-S1 disc spondylosis without change compared to study of 3/26/13; 3-3.5 mm disc protrusion at L2-3, L4-5, and L5-S1. Hand-written somewhat illegible follow-up report from the provider noted the patient with increased low back pain rated at 6/10 radiating to right lower extremity with associated numbness and tingling. Conservative care has included PT and chiropractic treatment which was reported to be helpful. Request was for facet blocks. Report of 5/22/14 noted patient underwent facet block at L4-5 and L5-S1 bilaterally one week prior with 75-85% relief with temporary reduced medications; however, still reported chronic pain and remained not working. Exam showed painful limited lower back range (no degree or plane specified) and positive straight leg raise and facet loading. Diagnoses included lumbar spine strain/strain with MRI findings of multilevel disc protrusions rule out radiculopathy and facetogenic pain versus discogenic pain. Request was for RFA. The request(s) for Radiofrequency ablation at the L4-L5 and L5-S1 levels at the medial branches on the right side was non-certified on 6/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at the L4-L5 and L5-S1 levels at the medial branches on the right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 6/10/2014)

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, Facet joint Radiofrequency neurotomy, pages 420-422

Decision rationale: This patient sustained an injury on 11/30/12 while employed by [REDACTED]. Request(s) under consideration include Radiofrequency ablation at the L4-L5 and L5-S1 levels at the medial branches on the right side. Diagnoses include lumbar intervertebral disc displacement without myelopathy/ lumbar disc disorder/ spinal stenosis without neurogenic claudication/ lumbosacral sprain/strain. MRI of the lumbar spine dated 2/11/14 showed L1-2 through L5-S1 disc spondylosis without change compared to study of 3/26/13; 3-3.5 mm disc protrusion at L2-3, L4-5, and L5-S1. Hand-written somewhat illegible follow-up report from the provider noted the patient with increased low back pain rated at 6/10 radiating to right lower extremity with associated numbness and tingling. Conservative care has included PT and chiropractic treatment which was reported to be helpful. Request was for facet blocks. Report of 5/22/14 noted patient underwent facet block at L4-5 and L5-S1 bilaterally one week prior with 75-85% relief with temporary reduced medications; however, still reported chronic pain and remained not working. Exam showed painful limited lower back range (no degree or plane specified) and positive straight leg raise and facet loading. Diagnoses included lumbar spine strain/strain with MRI findings of multilevel disc protrusions rule out radiculopathy and facetogenic pain versus discogenic pain. Request was for RFA. The request(s) for Radiofrequency ablation at the L4-L5 and L5-S1 levels at the medial branches on the right side was non-certified on 6/13/14. The patient has undergone medial branch blocks with reported one week relief now with request for RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure as the patient reported chiropractic treatment helpful. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment for multilevel disc protrusions. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted multilevel disc protrusions without evidence for significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The Radiofrequency ablation at the L4-L5 and L5-S1 levels at the medial branches on the right side are not medically necessary and appropriate.