

Case Number:	CM14-0111431		
Date Assigned:	08/01/2014	Date of Injury:	10/11/2005
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 Preventive 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:

According to the records made available for review, this is a 45-year-old female with a 10/11/05 date of injury. At the time (6/16/14) of request for authorization for Lumbar Radiofrequency Ablation (site: L3, L4, L5, S1, and Sacral Ala): on both sides, there is documentation of subjective (low back pain) and objective (restricted lumbar spine range of motion, paravertebral tenderness, and positive lumbar facet loading) findings, current diagnoses (lumbar facet syndrome and low back pain), and treatment to date (physical therapy, medications, TENS unit, and medical branch block that was very helpful to reduce pain). There is no documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablation(site: L3, L4, L5, S1, and Sacral Ala): on both sides:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar facet syndrome and low back pain. However, despite documentation of a previous medial branch block that was very helpful to reduce pain, there is no documentation of one set of diagnostic medial branch blocks with a response of 70%. In addition, given documentation of the requested Lumbar Radiofrequency Ablation (site: L3, L4, L5, S1, and Sacral Ala): on both sides, there is no documentation of no more than two joint levels will be performed at one time. Furthermore, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Radiofrequency Ablation (site: L3, L4, L5, S1, and Sacral Ala): on both sides is not medically necessary.