

Case Number:	CM14-0117960		
Date Assigned:	08/06/2014	Date of Injury:	01/11/2013
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational 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:

This is a 56 year old male with a 1/11/13 injury date. He was hit in the back by a forklift. In a follow-up on 7/17/14, subjective complaints included back pain with radiation symptoms into the buttocks, but the majority of the pain is axial. Objective findings included lumbar tenderness but no focal neurologic deficits. A lumbar spine MRI on 1/17/13 showed multilevel degenerative spondylosis, moderate bilateral neuroforaminal stenosis at L5-S1, and mild central stenosis at L4 and L5. Diagnostic impression: facet-mediated back pain. Treatment to date: medications, chiropractic care, physical therapy. A UR decision on 7/21/14 denied the request for right 3-level lumbar radiofrequency ablation (FRA) on the basis that only 2-levels are supported by the guidelines and there has not been an initial diagnostic medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Radio Frequency Ablation With Fluoroscopy, and Conscious Sedation to the Right Side Levels L3-L4, L4-L5, L5-S1: 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 Chapter, Regarding Facet Joint Radiofrequency Neurotomy, Under study

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, Pain Chapter.

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include 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. In the present case, it does not appear in the records that a diagnostic medial branch block has been performed. In addition, the guidelines do not support RFA at more than 2-levels at one time, and the request is for 3-levels. Therefore, the request for Outpatient Radio Frequency Ablation With Fluoroscopy, and Conscious Sedation to the Right Side Levels L3-L4, L4-L5, L5-S1, is not medically necessary.