

Case Number:	CM14-0118039		
Date Assigned:	08/06/2014	Date of Injury:	10/10/2012
Decision Date:	09/23/2014	UR Denial Date:	07/17/2014
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 Physical Medicine and 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:

The injured worker is a 57-year-old female with a reported date of injury of 10/10/2012. The mechanism of injury was noted to be from a fall from a chair. Her diagnoses were noted to include degenerative spondylolisthesis at L5-S1, facet arthropathy at L5-S1, and radiculopathy and back pain on the right greater than left. Her previous treatments were noted to include physical therapy, 3 epidural injections, and medications. The progress note dated 06/03/2014 revealed complaints that the medial branch blocks gave her complete relief of her symptoms that had been present since the date of injury. The physical examination revealed restricted range of motion to the lumbar spine, but neurologically she remained intact. The Request for Authorization was not submitted within the medical records. The request was for radiofrequency ablation at L4-5 and L5-S1 per RDA 06/03/2014, quantity of 2; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio-frequency ablation at L4-5 and L5-S1 per RDA 6-3-14 QTY:2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for a radiofrequency ablation at L4-5 and L5-S1 per RDA 06/03/2014, quantity of 2, is not medically necessary. The injured worker revealed she had complete pain relief with the previous medial branch block, but the symptoms returned 2 weeks later. The Official Disability Guidelines state conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. The guidelines criteria for the use of facet joint radiofrequency neurotomy is treatment requires a diagnosis of facet joint pain using a medial branch block. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months' duration). No more than 3 procedures should be performed in year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. The documentation provided indicated the injured worker had complete pain relief from the previous medial branch block; however, within 2 weeks the injured worker revealed her pain had returned. There is a lack of documentation regarding pain relief documented for at least 12 weeks and the guidelines do not recommend repeat neurotomies for less than 6 months from the first procedure. Therefore, the request is not medically necessary.