

Case Number:	CM14-0118171		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2008
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 Neurological Surgery 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on 8/1/2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated cervical spine positive tenderness to palpation, midline and paraspinal, and with limited range of motion. No sign of infection at the injection site and without any sign of drainage or infection. Right shoulder was full range of motion, positive subacromial bursitis, impingement, positive tenderness over the AC joint, positive cross arm testing, 5-/5 strength and sensation intact to light touch. The left elbow had full range of motion with positive Tinnel's test over the cubital tunnel with pain into the forearm. There was positive tenderness over the lateral epicondyle and pain with resisted long finger and wrist extension. The left wrist/hand had full range of motion; positive Phalen's test, and slight decrease sensation to light touch in the C8 distribution. The thoracolumbar spine had positive tenderness to palpation midline of paraspinal muscles with limited range of motion. No recent diagnostic studies are available for review. Previous treatment included previous lumbar surgery, medications, Rhizotomy, acupuncture, TENS unit, psychotherapy, epidural steroid injections, nerve blocks, and conservative treatment. A request had been made for lumbar radiofrequency ablation at the bilateral L2-L3 under anesthesia and fluoroscopic guidance and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar radiofrequency ablation at the bilateral L2-L3 under anesthesia and fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: There is no recommendation for or against the use of radiofrequency neurotomy, neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. It is also for "Patients with chronic low back pain, without radiculopathy, who failed conservative treatments and who have had a confirmed diagnosis by medial branch block. One procedure might be tried after failure of non-invasive treatments including NSAIDs and a quality exercise program is a means to help with participation in an active rehabilitation program. There is no recommendation for repeated procedures. After reviewing the medical documentation provided, it is noted the patient has had previous Rhizotomy, but there is no documentation as the date it was performed or if there was greater than 50% improvement in pain from the 1st procedure for the 1st 8 weeks. Therefore, because of lacking documentation, this request is deemed not medically necessary.