

Case Number:	CM14-0123332		
Date Assigned:	09/16/2014	Date of Injury:	06/18/2006
Decision Date:	10/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/05/2014

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 Prevention Medicine, has a subspecialty 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:

The injured worker is a 33-year-old male injured on June 18, 2006. A clinical note dated July 10, 2014, indicated that the injured worker had a radiofrequency ablation of the right lumbar facet nerves at the L2-L3, L3-L4, L4-L5, and L5-S1 levels on July 23, 2013, and received one year of benefit from this treatment. The injured worker is now complaining of increased low back pain. Physical examination of the lumbar spine revealed tenderness of the lumbosacral paraspinous muscles bilaterally, and facet joint tenderness on the right. He was able to extend and rotate with moderate discomfort, especially on the right. Diagnoses included lumbar degenerative disc disease, low back pain, facet pain, and status post laminectomy. At this office visit, the physician recommended that the injured worker receive repeat lumbar radiofrequency ablations at the right L4-5 and L5-S1 levels. This request was denied in the previous utilization review, dated August 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar radiofrequency L4-L5 and L5-S1.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Back Procedure Summary of 10/09/2103

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Facet joint pain, medial branch blocks Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines 3rd Edition, Low Back chapter

Decision rationale: There are no diagnostic criteria for facet pain in either the 2nd or 3rd editions of the ACOEM guidelines, as it is regarded as a controversial diagnosis. ODG notes that there are no consistent diagnostic findings on history, physical exam or imaging. Pain with motion is non-specific. The ACOEM second edition noted that there is not good evidence of effectiveness of RF ablations for the low back, so the procedure is not recommended. The 3rd edition is silent on the topic due to lack of evidence. ODG notes that there is minimal evidence for treatment. Therefore the request is not supported by quality evidence of effectiveness. The request is not medically necessary.