

Case Number:	CM14-0124227		
Date Assigned:	08/08/2014	Date of Injury:	01/10/2011
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 & 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:

This patient sustained an injury on 1/10/11 from a fall off a forklift while employed by [REDACTED]. Request(s) under consideration include RT L4-5, L5-S1 Medial Branch Nerve Radiofrequency Ablation/ Fluoroscopy and MAC. Diagnoses include Cervical spondylosis without myelopathy. Conservative care has included medications, therapy, and modified activities/rest. The patient is s/p previous right L3-S1 medial branch block on 1/17/12 with 90% relief for several days and underwent lumbar RFA on 4/17/12. The patient is also s/p cervical medial branch blocks C3-4, C4-5 on 9/18/12 with noted good response; Repeat medical branch blocks were non-certified on 10/27/12; however, patient underwent right cervical RFA on 12/11/12 with good response and had another left C3-4, C4-5 medial branch block on 2/12/13. Report of 6/23/14 from the provider noted the patient had previous RFA of medial branch nerves in cervical and lumbar spine with almost 100% relief; however, symptoms are returning along right lower back and left side of neck. Exam showed cervical spine with full motion on right with 30-degree limitation on left; intact upper extremity strength without focal deficits; deep discomfort around L5 lumbar with myofascial spasm and positive facet loading on right; intact sensation and reflexes; positive Tinel's along left carpal tunnel. Diagnoses included Cervical facet arthritis/ syndrome; lumbar facet arthritis/ syndrome; myofascial spasm of cervical and lumbar spine. Recommendations included repeat RFA on bilateral C3-5 and right L4-5, L5-S1. The request(s) for RT L4-5, L5-S1 Medial Branch Nerve Radiofrequency Ablation/ Fluoroscopy and MAC was non-certified on 7/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT L4-5 L5-S1 Medial Branch Nerve Radiofrequency Ablation/ Fluoroscopy and MAC:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Facet joint Radiofrequency neurotomy, pages 420-422: Under study.

Decision rationale: This patient sustained an injury on 1/10/11 from a fall off a forklift while employed by [REDACTED]. Request(s) under consideration include RT L4-5, L5-S1 Medial Branch Nerve Radiofrequency Ablation/ Fluoroscopy and MAC. Diagnoses include Cervical spondylosis without myelopathy. Conservative care has included medications, therapy, and modified activities/rest. The patient is s/p previous right L3-S1 medial branch block on 1/17/12 with 90% relief for several days and underwent lumbar RFA on 4/17/12. The patient is also s/p cervical medial branch blocks C3-4, C4-5 on 9/18/12 with noted good response; Repeat medial branch blocks were non-certified on 10/27/12; however, patient underwent right cervical RFA on 12/11/12 with good response and had another left C3-4, C4-5 medial branch block on 2/12/13. Report of 6/23/14 from the provider noted the patient had previous RFA of medial branch nerves in cervical and lumbar spine with almost 100% relief; however, symptoms are returning along right lower back and left side of neck. Exam showed cervical spine with full motion on right with 30-degree limitation on left; intact upper extremity strength without focal deficits; deep discomfort around L5 lumbar with myofascial spasm and positive facet loading on right; intact sensation and reflexes; positive Tinel's along left carpal tunnel. Diagnoses included Cervical facet arthritis/ syndrome; lumbar facet arthritis/ syndrome; myofascial spasm of cervical and lumbar spine. Recommendations included repeat RFA on bilateral C3-5 and right L4-5, L5-S1. The request(s) for RT L4-5, L5-S1 Medial Branch Nerve Radiofrequency Ablation/ Fluoroscopy and MAC was non-certified on 7/30/14. The patient has undergone multiple previous medial branch blocks and RFA in both the cervical and lumbar spine throughout 2011, 2012, and 2013. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial for any new injury, acute flare-up, or progressive clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted disc bulges and canal stenosis at L4-5. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage and medical utilization or an increase in ADLs and function to repeat procedures for this chronic injury of 2011. The RT L4-5, L5-S1 Medial Branch Nerve Radiofrequency Ablation/ Fluoroscopy and MAC are not medically necessary and appropriate.