

Case Number:	CM14-0133236		
Date Assigned:	08/22/2014	Date of Injury:	08/05/2009
Decision Date:	09/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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 61-year-old male with a 6/5/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/29/14 noted subjective complaints of persistent low back pain. Objective findings included bilateral facet tenderness. It was noted that he a positive response from the diagnostic facet block. A 10/27/11 lumbar MRI showed spinal stenosis at L2-L5 and severe DJD of bilateral L5- S1 facet. It was also noted that he had prior L4-L5 laminectomies. Diagnostic Impression: degenerative disk and joint disease. Treatment to Date: lumbar ESI, medication management, L3- L4, L4-L5 lami. A UR decision dated 8/8/14 denied the request for bilateral L3, 4, 5- radiofrequency ablation. There is no rationale in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumber L3,4,5 radiofrequency ablation: 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 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. However, although there is notation in the provided documentation that the patient has a prior positive diagnostic facet block, there is no clear quantification of the level of symptom relief or note of any functional improvement. Additionally, there is no documentation of any clear plan of aggressive conservative care in addition to the proposed neurotomies. Therefore, the request for left lumbar L3, 4, 5-radiofrequency ablation is not medically necessary.

Right lumbar L3,4,5 radiofrequency ablation: 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 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. However, although there is notation in the provided documentation that the patient has a prior positive diagnostic facet block, there is no clear quantification of the level of symptom relief or note of any functional improvement. Additionally, there is no documentation of any clear plan of aggressive conservative care in addition to the proposed neurotomies. Therefore, the request for right lumbar L3, 4, 5-radiofrequency ablation is not medically necessary.