MAXIMUS Federal Services

Case Number:	CM14-0133991		
Date Assigned:	08/27/2014	Date of Injury:	06/29/2000
Decision Date:	11/25/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 72-year-old female who reported injury on 06/29/2000 due to an unspecified cause of injury. The injured worker complained of lower back pain. The diagnoses included lower back pain and lumbago. Diagnostics were not available for review. The medications included Nexium 40 mg, Prilosec DR 20 mg, Duragesic 75 mcg/hr patch, and Soma 350 mg. The injured worker reported her pain a 10/10 using the VAS. The past treatments included physical therapy, medication with the addition of Soma, and lumbar injections. The physical examination dated 07/18/2014 revealed tenderness at the lumbar spine, tenderness at the facet joint, decreased flexion, decreased extension, and decreased lateral bending. The treatment plan included an outpatient lumbar radiofrequency ablation at the L3/S1. The request for authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar radiofrequency ablation L3-S1: 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 (ODG): Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for Outpatient lumbar radiofrequency ablation L3-S1 is not medically necessary. The California MTUS/ACEOM indicates that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief that is sustained for at least 6 months. 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 two joint levels are to be performed at one time. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. It was reported the guidelines indicate that medial branch blocks should be performed prior to the radiofrequency ablation. The clinical notes indicated that the injured worker had an injection 1.5 years ago; however, there were no details as to what type of injection that the injured worker had or details any documentation that was evident that the injection was effective. The guidelines also state that only 2 levels should be performed at a time. The request is for the L3 through the S1 levels, exceeding the 2 level recommended marks. Additionally, the 07/18/2014 clinical note reported objective findings were vague and did not indicate where the tenderness to the facet joints or lumbar spine was located. The clinical notes indicated that the injured worker had tested positive for Soma even though she was not prescribed Soma. The clinical note indicated that the provider added Soma to the medication regimen. However, there is no follow-up or efficacy of the medication. Additionally, the 08/14/2014 clinician's notes do not indicate that they injured worker had any complaints or back pain issues the clinical notes solely focused on the knee. As such, the request is not medically necessary.