

Case Number:	CM14-0140159		
Date Assigned:	09/29/2014	Date of Injury:	08/20/1996
Decision Date:	11/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/29/2014

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:

The patient is a 54-year-old male who has submitted a claim for cervical spondylosis with myelopathy associated with an industrial injury date of August 20, 1996. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain. He reports that the medications are less effective. He uses a lumbar brace which provides stability and lessens pain. Examination of the lumbar spine showed limitation of motion due to pain; tenderness over the bilateral paravertebral muscles; positive lumbar facet loading; positive straight leg raise in supine position, right side; decreased muscle strength of the right lower extremity at 4+/5; 1/4 knee and ankle reflexes bilaterally; and difficulty in completing heel and toe walk. Diagnosis pertaining to the lower back was not provided. Treatment to date has included oral and topical analgesics, muscle relaxants, lumbar ESI, lumbar facet injections/MBB, trigger point injections, lumbar brace, physical therapy, acupuncture, chiropractic therapy, TENS and home exercises. Utilization review from August 26, 2014 denied the request for 1 right lumbar radiofrequency ablation at L3, L4 and L5, as an outpatient. The guideline had no recommendation for the use of lumbar radiofrequency lesioning/facet nerve lesioning, secondary to lack of high quality data showing benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar radiofrequency ablation at L3, L4 and L5, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine); no more than two joint levels will be performed at one time; a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the patient previously received lumbar MBB. However, response to the procedure was not discussed. The guideline requires at least 70% pain improvement lasting at least 2 hours prior to RFA. Moreover, examination of the lumbar spine showed positive straight leg raise test, decreased motor strength of the lower extremity and lower extremity hyporeflexia - all of which are inconsistent with facet joint pathology. In addition, the requested injection to L3, L4 and L5 exceeds guideline recommended number of joint levels for injection. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Right lumbar radiofrequency ablation at L3, L4 and L5, as an outpatient is not medically necessary.