MAXIMUS Federal Services

Case Number:	CM14-0153782		
Date Assigned:	09/23/2014	Date of Injury:	02/29/2012
Decision Date:	12/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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, has a subspecialty in Pain Management 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 female smoker who reported an injury due to walking backwards while pulling a patient on a gurney when her right knee bent sideways on 02/29/2012. On 02/05/2014 her diagnoses included cervicothoracic strain, chronic, with myofasciitis; bilateral shoulder pain secondary to use of crutches; lumbar spine L4 vertebral body appeared slightly malformed with either hemivertebra or butterfly vertebra; "conus" medullaris is slightly low but no focal mass; L4-5 with 2 mm disc bulge with bilateral facet hypertrophy; L5-S1 with 2 mm to 3 mm disc bulge and facet hypertrophy, per MRI 09/17/2012; right hip greater trochanteric bursitis; left hip injury; left sacroiliac joint injury; status post right knee arthroscopy, 09/06/2011; right knee sprain/strain, with inflammation; left knee pain, secondary to overcompensation; and right ankle/foot injury. Her complaints included ongoing low back pain radiating to the right lower extremity, bilateral hip pain, described as stabbing which radiated to the right lower extremity and ongoing right knee pain which was constant. The pain was exacerbated with any movement. Upon examination of the lumbar spine, there was tenderness to palpation over the midline and bilateral paraspinal muscles. It was noted that she underwent a lumbar and right hip facet block injection on 01/06/2014. Since then she had increased her opiate intake due to increased pain. On 02/20/2014 she received a peritrochanteric bursa injection and reported an 80% pain relief until 02/28/2014, when she had a return of symptoms. Her medications included Oxycontin 20 mg, Zanaflex 4 mg, Norco 10/325 mg and Paxil of an unspecified dosage. On 07/15/2014, with a rationale of attempting to reduce her narcotic medication intake, there was a recommendation for a radiofrequency neuroablation of the bilateral L4-5 and L5-S1 facet joints. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation Bilateral Left L4-5 and L5-S1 under fluroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Low Back, Facet joint radiofrequency neurotomy ; Criteria for use of facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The California ACOEM Guidelines note 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 neurotomy has reportedly produced mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The guidelines do not support this procedure without a previous medial branch diagnostic block. Her treatment plan did not include (nor was there a request for a medial branch diagnostic block) prior to the radiofrequency ablation. Additionally, all of her symptomatology was in her right lower extremity. There was no justification for a bilateral left radiofrequency ablation. Therefore, this request for radiofrequency ablation bilateral left L4-5 and L5-S1 under fluoroscopy is not medically necessary.