

Case Number:	CM14-0154518		
Date Assigned:	09/24/2014	Date of Injury:	06/16/2010
Decision Date:	12/04/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions imposed by a medical-legal evaluator. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for a multilevel lumbar radiography ablation procedure. The claims administrator based its decision, in a large part, on non-MTUS ODG guidelines and also cited the now-outdated, now-renumbered MTUS 9792.20e. The applicant's attorney subsequently appealed. In a progress note dated August 5, 2014, the applicant reported ongoing complaints of neck pain and low back pain, reportedly severe, in the 8-9/10 range. The applicant reported that her neck pain was radiating to right upper extremity and that her low back pain was radiating to the left lower extremity. In another section of the report, the applicant stated that her low back pain was radiating to the bilateral lower extremities and that she had paresthesias in both legs, right greater than left. Multilevel lumbar radiofrequency ablation procedures were sought to reduce the applicant's pain associated with facet arthropathy. Naprosyn and Flexeril were renewed. Some of the stated diagnoses included lumbar spine herniated nucleus pulposus, chronic low back pain, lumbar radiculopathy, sciatica, rib pain associated with a rib fracture, intercostal pain, and depression. Permanent work restrictions imposed by a medical-legal evaluator were renewed, although the treating provider acknowledged that the applicant's employer was unable to accommodate said limitations. The applicant underwent a lumbar epidural steroid injection on April 15, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation L4-L5 And L5-S1 X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the radiofrequency ablation procedures at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish some limited role for facet neurotomy/radiofrequency ablation procedures in applicants who have responded favorably to differential dorsal ramus medial branch diagnostic blocks, in this case, however, the attending provider made no mention of a favorable response to diagnostic medial branch blocks on the August 5, 2014 office visit on which the article at issue was sought. It is further noted that the applicant's ongoing complaints of radicular low back pain radiating to the bilateral lower extremities with associated paresthesias about the same suggests a significant lack of diagnostic clarity. The applicant does not seemingly have facetogenic low back pain for which the radiofrequency ablation procedure at issue could be considered. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.