

Case Number:	CM14-0156064		
Date Assigned:	09/25/2014	Date of Injury:	09/21/2012
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 09/21/2012 due to continuous trauma of hands and back by pushing 10,000 pounds of laundry daily. The injured worker has diagnoses of dislocation of left shoulder and low back pain. Past medical treatment consists of physical therapy, use of a TENS unit, physiotherapy, and medication therapy. On 09/10/2013, the injured worker underwent an MRI of the lumbar spine which revealed there was normal lumbar lordosis. Vertebral body heights were preserved. There were no signal abnormalities in the lumbar spinal cord/cauda equina. It was noted at L3-4 and L4-5 a 2 mm broad based disc bulging effaced the anterior thecal sac. At L5-S1, there was a grade 1 retrolisthesis with uncovering of posterior disc and 3 mm central disc protrusion with annular tear. The physical examination revealed that the injured worker had a shoulder range of motion of abduction of 170 degrees, flexion of 170 degrees, internal rotation of 60 degrees, and external rotation of 80 degrees. It was noted that the injured worker's strength of the shoulder in abduction, adduction, external rotation, and internal rotation were 5/5. There was negative straight leg raising seated and supine. No particular loss of sensation was noted. The treatment plan is for the injured worker to undergo radiofrequency ablation at the left L4-5 and L5-S1. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation for Left L4/5 and L5/S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Low Back Complaints: Physical Methods.ODG (Official Disability Guidelines): Low Back: Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: ACOEM Guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency of facet joint nerves in the cervical spine provides good temporary relief in 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The ODG indicate radiofrequency neurotomies are under study. However, the criteria for the use of diagnostic blocks is that patients should have facet mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70% and it is limited to no more than 2 levels bilaterally. Given the above, the injured worker is not within the recommended guidelines. The submitted documentation lacked any objective evidence of functional deficits. Additionally, for radiofrequency ablation it is indicated that 1 set of diagnostic medial branch blocks is required; there was no indication that the injured worker had undergone such diagnostics. As such, the request of Radiofrequency Ablation for Left L4/L5 and L5/S1 is not medically necessary and appropriate.