

Case Number:	CM14-0167767		
Date Assigned:	10/15/2014	Date of Injury:	03/07/2012
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/11/2014

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 and Rehabilitation 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 59 year old male who was injured on 03/07/2012 when he was struck by a cart which knocked him down and he sustained an injury to his low back, cervical spine and left shoulder. A progress report dated 09/24/2014 indicates the patient complained of back pain radiating from the neck down to arms, low back, and lumbar spine. He rated his pain as a 9/10 with and without medications but reported his medications are working well. It is unclear whether or not this was documented accurately. He reported continued back pain. He has had left lumbar facet joint injection from L3-S1 on 03/22/2013 and 01/31/2014 which he stated he did not receive any relief from. On examination of the lumbar spine, range of motion is restricted with flexion limited to 50 degrees and extension limited to 10 degrees. He has positive facet loading on the right side. Deep tendon reflexes are decreased at 2/4 and there is tenderness noted over bilateral facet joints, left greater than right. The patient is diagnosed with lumbar facet syndrome, spondylolisthesis, shoulder pain, and cervical pain. He is recommended for right side lumbar radiofrequency ablation at L3, L4, L5, and S1 levels. Prior utilization review dated 10/07/2014 states the request for Right side lumbar radiofrequency ablation at L3, L4, L5, and S1 levels is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side lumbar radiofrequency ablation at L3, L4, L5 and S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back (updated 08/22/14), Facet Joint Radiofrequency Neurotomy

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 diagnostic blocks (injections) & Facet Joint Radiofrequency Neurotomy Other Medical Treatment Guideline or Medical Evidence: Radiofrequency ablation lumbar
<https://my.clevelandclinic.org/Documents/Spine/Lumbar-Radiofrequency-Ablation-1-26-11.pdf>

Decision rationale: The CA MTUS is silent regarding the request. The ODG recommends facet joint radiofrequency neurotomy/ ablation after a diagnosis of facet joint pain using a medial branch block. The medical records on a Progress Report dated 9/24/2014 document that the patient had left lumbar facet joint injection from L3-S1 but not on the right. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is considered not medically necessary.