MAXIMUS Federal Services

Case Number:	CM14-0182641		
Date Assigned:	11/07/2014	Date of Injury:	11/07/2013
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal 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 an injured worker with the diagnoses of lumbar facet syndrome and lumbosacral multilevel degenerative disc disorder. Date of injury was 11-07-2013. Primary treating physician's progress report dated October 15, 2014 documented subjective complaints of low back pain, right wrist pain, right knee pain, right knee pain, and right thumb pain. Quality of sleep is good. He denies any new injury since last visit. His activity level has decreased, activity level decreased due to knee and hand pain. The patient is taking his medications as prescribed. Medications included Gabapentin, Wellbutrin, Zorvolex, and Lidocaine. Objective findings were documented. The patient appears to be calm and in moderate pain. He has good communication ability. Lumbar spine examination was documented. No scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine. Range of motion is restricted with flexion limited to 95 degrees and extension limited to 10 degrees limited by pain. On palpation, paravertebral muscles, tenderness is noted on the left side. No spinal process tenderness is noted. Lumbar facet loading is positive on the left side. Straight leg raising lest is negative. Patient has full range of motion of neck without palpable tenderness. He is without appreciable trigger point or tight muscle band. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Right knee range of motion is restricted with flexion limited to 90 degrees and extension limited to 30 degrees limited by pain. Higher functions are grossly normal. On sensory examination, light touch sensation is decreased over on both sides. Sensation to pin prick is decreased over lateral foot, medial foot on the right side. Upper and lower extremities responded normally to reflex examination. Cerebellar examination is grossly normal. Ankle clonus is absent. Hoffman's sign is negative. Straight leg raising test is negative. Diagnoses included lumbar facet syndrome and lumbosacral multilevel degenerative disc disorder. The treatment plan included a request for lumbar radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar radiofrequency ablation at the left T2-T3, L3, L4 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. page 333-796. Guideline.Gov, Table 2: Summary of Recommendations by Low Back Dis

Decision rationale: Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions, American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. ACOEM 3rd Edition (2011) states that radiofrequency neurotomy and facet rhizotomy are not recommended.Medical records document the diagnoses of lumbar facet syndrome and lumbosacral degenerative disc disorder. Lumbar radiofrequency ablation was the requested procedure. ACOEM guidelines indicate that radiofrequency ablation (RFA) facet joint rhizotomy neurotomy is not recommended. The request for lumbar radiofrequency ablation is not supported by ACOEM guidelines.Therefore, the request for one lumbar radiofrequency ablation at the left T2-T3, L3, L4 and S1 is not medically necessary.