

Case Number:	CM14-0184035		
Date Assigned:	11/12/2014	Date of Injury:	08/14/2012
Decision Date:	12/18/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Interventional Spine 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 26-year-old female with date of injury of 08/14/2012. The treating physicians listed diagnosis is chronic back pain with facet syndrome on the right side. According to this report, the patient complains of chronic back pain. She states that she is actually "doing a little better." The patient has tried to be more active. She is walking and feels that it is helpful. The patient takes naproxen and feels that it is somewhat helpful, but it makes her sleepy. She had medial branch block on the right side at L2-L3, L3-L4, and L4-L5 with "good relief." The examination shows the patient's right lower back continues to be tender. Range of motion is limited. The 05/15/2014 report shows that the patient complains of right-sided low back pain that is sharp, stabbing, and pinching in nature. She rates her pain 8/10. The back shows no deformity or tenderness. Range of motion is 5 degrees in each direction, positive right paraspinal pain in the low back. The 09/18/2014 report shows that the patient is tender in the lumbosacral region. Range of motion is very limited. Sensation is intact in the lower extremities. Reflexes are 2+, symmetric at the patella and Achilles. Straight leg raise is negative. Motor strength is 5/5. The documents include progress reports from 05/17/2014 to 10/16/2014. The utilization review denied the request on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Criteria for Use of Facet Joint Radiofrequency Neurotomy.

MAXIMUS 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 chapter on RF Ablation.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting radiofrequency ablation. The ACOEM Guidelines page 300 and 301 states, "Lumbar facet neurotomies reportedly produce mixed results." For more thorough discussion, ODG Guidelines are referenced. ODG states RF ablation is under study, and there is conflicting evidence available as to the efficacy of this procedure, and approval of treatment should be made on a case-to-case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time, and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of the anesthetic agent used. The 09/18/2014 report notes, "She had medial branch blocks, which according to her gave her 90% relief for about 3 weeks." The operative report for the medial branch blocks was not made available for review. The patient has not had any previous radiofrequency ablation in the lumbar spine. In this case, the patient's relief from DMB block lasting 3 weeks would suggest a placebo response. The provider does not explain how the patient could have had such duration of relief when the local anesthetic typically used last only 2-4 hours. ODG requires, for a positive response, duration of pain relief that roughly correlates the duration of local anesthetic. Given the negative response from diagnostic injection, RF ablation would not be indicated. Radiofrequency Ablation is not medically necessary and appropriate.