MAXIMUS Federal Services

Case Number:	CM14-0184739		
Date Assigned:	11/12/2014	Date of Injury:	08/14/2012
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 27 year old female who was injured on 8/14/12 after picking up a heavy object and twisting. She was diagnosed with lumbosacral sprain and later low back pain with possible facet syndrome. MRI of the lumbar spine was essentially normal. She was treated with medications, median branch blocks and activity modification. The worker was seen by her primary treating physician on 9/18/14. She reported to her physician that median branch blocks were performed many months prior and reportedly improved her pain significantly (90%) for about three weeks duration. After her last median branch block performed by her pain specialist, she failed to follow-up to report her benefit from the median branch block in order to be lined up for a radiofrequency ablation in her lumbar area. She reported having low back pain and used NSAIDs occasionally for this. She also stated that she was "not currently working and had gained as much as 20 pounds over the prior four months." Physical findings included obese woman with normal alignment of spine, tenderness in lumbosacral region, lower extremity sensation intact, normal reflexes, negative straight leg raise, and normal strength. She was then given Naproxen and referred back to her pain specialist to discuss the radiofrequency ablation procedure. Later, on 10/16/14, she was again seen by her primary treating physician reporting feeling a little better and began walking more, which helps. She also reported the Naproxen helping a little but caused sleepiness. Due to error with the request for ablation, the radiofrequency ablation in the lumbar spine was again requested. She was also requested to stop the Naproxen and start Nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation L2-3, L3-4, L4-5 Right Side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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), Lower Back section, Facet Joint Radiofrequency Neurotomy

Decision rationale: The MTUS ACOEM Guidelines state that there is "good quality evidence that neurotomy of facet joints in the cervical spine is effective," however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure than space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. In the case of this worker, it doesn't seem to be appropriate for her to have the radiofrequency ablation procedure based on the evidence in the documents provided and the criteria for consideration. The worker had her medial branch block performed over 1 year prior to this request without the pain specialist reporting her response which seems like a lot of time without pain specialist input in the matter, although the worker remembered it lasting "3 weeks". Also, the request for performing the procedure on three levels at the same time is too many at once, according to the guidelines. Also, there was no outline of a formal plan or goal with conservative care that was to accompany this procedure. Perhaps having the worker discuss the details with her pain specialist first before making the request, these criteria will be met, and the decision for another medial branch block as another option can be discussed as well. Regardless of these options, the worker reported that she was feeling better with walking and NSAID use, which negates any need for further procedures until these methods are exhausted. Losing weight and exercising carefully seem to be the best next step with this worker. Therefore, considering all of the above, the radiofrequency ablation procedure at three lumbar levels is not medically necessary.