

Case Number:	CM14-0023350		
Date Assigned:	05/14/2014	Date of Injury:	06/17/2002
Decision Date:	07/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 42-year-old male with a 6/17/2002 date of injury. A specific mechanism of injury was not described. 1/29/14 determination was modified. Certification was rendered for a urine toxicology exam and non-certification was given for the radiofrequency ablation. Reasons for non-certification included not sufficient relief from previous radiofrequency. 5/3/13, 5/31/13, 6/21/13, 6/26/13, 8/23/13, 9/24/13, 11/8/13, and 12/3/13 medical reports identify that the patient underwent bilateral lumbar radio frequency facet on 12/13/06 gave the patient less than 50% pain reduction for several months. 2/19/14 letter of appeal identifies that the facet radiofrequency ablation procedure in the past did reduce his pain by about 70% and lasted for about 6 months. 1/23/14 medical report identified that the condition has been gradually worsening. Reports that back pain was worse than leg pain. The patient reported he was able to walk further with less pain and was able to have better range of motion when radiofrequency was performed. At the time he was in school and was able to tolerate his classes better with less pain. Lumbar spine revealed significant tenderness to palpation over the L4-5 facet joints bilaterally. Sensation intact to light touch, motor strength 5/5, deep tendon reflexes 2+. There was positive axial loading of the lumbar facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral permanent lumbar facet injection (aka radiofrequency ablation) at L3, L4, & L5 with fluoroscopic guidance and iv sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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.

Decision rationale: The Official Disability Guidelines (ODG) criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. There are several medical reports documenting less than 50% pain relief with the radiofrequency performed in 2006. Only two recent medical reports identify that the actual improvement was of more than 70%. Given these discrepancies that actual pain relief and functional improvement was not clearly substantiated. In addition, there was no indication that the patient had undergone recent medial branch blocks to confirm the pain generators. For these reasons the medical necessity of the request was not substantiated.