

Case Number:	CM14-0026858		
Date Assigned:	06/13/2014	Date of Injury:	03/07/2001
Decision Date:	07/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 51-year-old female who had a work related injury on 03/07/01. There was no documentation of the mechanism of injury. On the clinical note dated 02/05/14, it was noted that the injured worker underwent diagnostic lumbar medial branch blocks at bilateral S1 to L3 enervating the L5-S1 and L4-5 facet joints. She obtained excellent relief of 80-85% pain reduction with much improved ability to bend, stoop, walk, sit for approximately 1 hour while the local anesthetic was working. Pain was reduced from an average of 7/10 prior to injection down to 2/10 for the hour post-injection. Lumbar MRI dated 09/19/13 shows diffuse disc degeneration of 1-2mm bulges at L2-3, L3-4, L4-5, and L5-S1 with mild to moderate facet spondylosis at all 4 levels. Pain is constant, more severe towards the right, worse with standing, walking, and extension movements which load the facets. There was intermittent radiation of pain from back to thigh on the right. Medications Tramadol ER, Norco 10/325, Lexapro 20mg, Xanax .5mg, Topamax 100mg. Physical examination flexion 20 degrees, extension 10 degrees, right lateral flexion 15 degrees, left lateral flexion 15 degrees, right rotation 45 degrees, left rotation 45 degrees. Facet loading maneuver combining extension with rotation causes pain to the bilateral L5-S1 and L4-5 facets. Mild antalgic gait to the right. Diagnosis L5-S1 and L4-5 facet spondylosis. Lumbar spondylosis with 1-2mm bulging disc at L2-3, L3-4, L4-5, and L5-S1. L5 and S1 lumbar radiculopathy secondary to disc herniation. The prior utilization review on 02/07/14 was non-certified for ablation at L3, L4, L5, and S1 bilaterally. However, modification to approve radiofrequency ablation at 2 levels and 3 nerves is medically necessary. The request is for radiofrequency ablation at L3, L4, L5, and S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION L3, L4, L5, S1, BILATERALLY: 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) LOW BACK, FACET JOINT RADIOFREQUENCY ABLATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, FACET JOINT RADIOFREQUENCY ABLATION.

Decision rationale: The request is for radiofrequency ablation at L3, L4, L5, and S1 bilaterally is not medically necessary. The clinical documentation submitted does not support the request for radiofrequency ablation at L3, L4, L5, and S1 bilaterally. The guidelines state no more than two levels at one time. Given that the request is for four levels, the medical necessity has not been established.