

Case Number:	CM14-0036180		
Date Assigned:	06/25/2014	Date of Injury:	04/10/2013
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery and is licensed to practice in California and 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 50-year-old female who reported an injury on 04/10/2013. The injury reported was the injured worker being hit by a van. The diagnoses included shoulder pain, foot pain, and low back pain. Previous treatments include an MRI, medication and medial branch block. Within the clinical noted 02/06/2014, reported the injured worker complained of lower back pain. The injured worker underwent a medial branch block, which she stated she experienced over 50% pain relief. On the physical exam, the provider noted the range of motion of the lumbar spine was restricted with flexion at 75 degrees and extension at 12 degrees, and limited by pain. The provider noted tenderness to palpation of the paravertebral muscles on both sides. The injured worker was unable to perform a heel walk, but can perform a toe walk. The physician noted the injured worker had lumbar facet loading on both sides. His motor strength was 5/5 on both sides. On the sensory examination, light touch sensation is normal over the body. Examination of deep tendon reflexes, biceps 1/4, triceps 1/4. Provider requested a lumbar radiofrequency ablation. However, rationale was not provided for clinical review. The request for authorization was submitted and dated on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR RADIOFREQUENCY ABLATION AT L3, L4, L5, S1, AND SACRAL ALA ON BOTH SIDES,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 200. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint radiofrequency neurotomy.

Decision rationale: The request for lumbar radiofrequency ablation at L3, L4, L5, S1, and sacral ala on both sides is non-certified. The injured worker complained of low back pain. The Official Disability Guidelines further state facet joint radiofrequency neurotomy as a treatment that requires a diagnosis of facet joint pain using a medial branch. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief that is sustained for at least 6 months. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement of a VAS score, decreased medications, documented improvement in function, no more than 2 joint levels are to be performed at 1 time. If different regions require neural blockade, these should be performed at intervals of no sooner than 1 week, and preferably 2 weeks at most for blocks. There should be evidence of a formal plan and additional evidence-based conservative care in addition to a facet joint therapy. The request submitted exceeds the guidelines recommendation of more than 2 joint levels to be performed at 1 time. The requesting physician did not include adequate documentation of significant feasible physical examination findings congruent with facetogenic pain. There is lack of documented evidence that can be used to measure functional deficits and improvements. Therefore, the request for lumbar radiofrequency ablation at L3, L4, L5, S1, and sacral ala on both sides is not medically necessary.