MAXIMUS Federal Services

Case Number:	CM14-0039193		
Date Assigned:	07/30/2014	Date of Injury:	03/29/2011
Decision Date:	08/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 reported an injury on 03/29/2011. The mechanism of injury was not provided in the medical records. Her diagnoses include L5-S1 disc injury, right sciatica, bilateral facet arthralgia, and bilateral sacroiliac arthralgia. Her past treatments included epidural steroid injections, sacroiliac joint injections, facet injections, radiofrequency ablation, pain medication, NSAIDS, and topical analgesics. Previous diagnostic tests included medial branch blocks at L4-5 and L5-S1 on 05/06/2013. She was noted to have undergone a previous neurotomy in 07/2013. On 02/25/2014, the injured worker presented with low back pain with radiating symptoms to the right lower extremity, rated 8/10. It was noted that her radiofrequency ablation performed in 07/2013 was effective but was wearing off. Her physical examination revealed moderate to severe pain over the bilateral L3-4, L4-5, and L5-S1 levels, normal motor strength throughout the bilateral lower extremities, normal sensation, and pain with range of motion. Her medications were noted to include ibuprofen, Tramadol, topical Voltaren, and Lidocaine patches. Her treatment plan included medication refills, a repeat neurotomy, and continued modified duty. The rationale for the request was as her previous neurotomy had provided benefit, but as it had been 8 months since the original procedure, the benefit was wearing off. The Request for Authorization was submitted on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFA bilateral L3-4 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/2014) Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint radiofrequency neurotomy.

Decision rationale: The request is not medically necessary. According to the California MTUS/ACOEM Guidelines, facet neurotomies should only be performed after appropriate investigation with medial branch diagnostic blocks. In regard to repeat procedures, the Official Disability Guidelines state that repeat neurotomies may be performed after 6 months if documentation shows at least 12 weeks of 50% or greater relief of symptoms. In addition, the guidelines state there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical information submitted for review indicated that the injured worker had benefit from previous radiofrequency ablation performed in 07/2013 after medial branch blocks were performed at the L4-5 and L5-S1 levels on 05/06/2013. The documentation also indicated that the injured worker had relief from facet joint injections performed on 12/17/2012 at the L3-4 level. However, there was no evidence that the injured worker had undergone appropriate diagnostic medial branch blocks at the L3-4 level. Therefore, radiofrequency ablation at this level would not be supported. In addition, the documentation did not indicate that the injured worker obtained 50% or greater relief of symptoms for at least 12 weeks after previous radiofrequency ablation. In the absence of this documentation, a repeat radiofrequency ablation at the L5-S1 level is also not supported. Based on the above, the request is not medically necessary.