

Case Number:	CM14-0040293		
Date Assigned:	06/27/2014	Date of Injury:	03/31/1998
Decision Date:	07/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 51 year-old patient sustained an injury on 3/31/98 while employed by [REDACTED]. Diagnoses include lumbosacral spondylosis without myelopathy; lumbosacral intervertebral degenerative disc/ neuritis/ radiculitis; myalgia and myositis. There is procedural note dated 2/13/13 showing patient underwent radiofrequency ablation for medial lumbar branches at left L3-4, L4-5, and L5-S1. A report of 3/11/14 from the provider noted the patient with chronic low back complaints with low back pain radiating to bilateral lower extremities, right greater than left. The patient felt the RFA has worn off. Medications include Dilaudid. Exam showed continued low back baseline pain with increasing pain on left; leg pain and numbness to toes worse with standing/walking; and restricted range of motion diffusely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Radiofrequency Ablation at LEFT L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - page 308-310.

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, Facet joint radiofrequency neurotomy, pages 420-422: Under study.

Decision rationale: This 51 year-old patient sustained an injury on 3/31/1998 while employed by [REDACTED]. Request(s) under consideration include Repeat Radiofrequency Ablation at LEFT L3, L4, L5. Diagnoses include lumbosacral spondylosis without myelopathy; lumbosacral intervertebral degenerative disc/ neuritis/ radiculitis; myalgia and myositis. There is procedural note dated 2/13/13 showing patient underwent Radiofrequency ablation for medial lumbar branches at left L3-4, L4-5, and L5-S1. Report of 3/11/14 from the provider noted the patient with chronic low back complaints with low back pain radiating to bilateral lower extremities, right greater than left. The patient felt RFA has worn off. Medications list Dilaudid using 3x/daily higher than 2x/daily prescribed along with Abstral rating pain level at 9/10. Exam showed continued low back baseline pain with increasing pain on left; leg pain and numbness to toes worse with standing/walking; and restricted range of motion diffusely. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial without evidence of radicular findings not met here with continued radiating low back pain and MRI findings of neural foraminal stenosis without clear facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration for repeat procedures for this chronic injury. The Repeat Radiofrequency Ablation at LEFT L3, L4, L5 is not medically necessary and appropriate.