

Case Number:	CM14-0045084		
Date Assigned:	07/07/2014	Date of Injury:	05/10/2010
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 52 year old female with a 5/10/10 date of injury. She was injured when she slipped in a puddle of water and fell. The most recent progress note on file 2/28/2014 states the patient continues to have lower back ache which has increased in pain since the last visit. The patient shows a tendency to be noncompliant with follow up appointments as well as physical therapy sessions. According to a progress note dated 5/8/2013, the patient had a lumbar medial branch block on 3/22/13 without significant improvement in pain. Treatment-to-date includes lumbar medial branch block L3, L4, L5, S1, medication management and physical therapy. A UR decision dated 3/28/2014 denied the decision for radiofrequency ablation L3, L4, L5 and S1. The rationale was that the provided records do not clearly document the amount of pain relief during the local anesthetic phase. There was no clear amount of pain reduction in qualifiable terms. Without clear documentation of this, the purpose of the test is negated. Therefore the decision for radiofrequency ablation L3, L4, L5 and S1 was not medically necessary.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines' criteria for the use of radiofrequency neurotomy.

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: California MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The patient did not receive significant relief from the diagnostic medial branch block. The provided documentation did not exhibit a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Furthermore, the patient showed a tendency to miss numerous follow up appointments as well as physical therapy sessions which further would indicate that the patient would not be compliant with additional conservative care. Therefore the decision for radiofrequency ablation L3, L4, L5 and S1 is not medically necessary.