MAXIMUS Federal Services

Case Number:	CM14-0054163		
Date Assigned:	07/07/2014	Date of Injury:	08/06/2007
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 37-year-old male with an 8/6/07 date of injury. He had an RFA to L4 and L5 on11/29/11. He was seen on 3/18/14 complaining of 6/10 low back pain. He apparently was noted to be off opiates. Exam findings reveal negative straight leg raise, positive lumbar facet loading. He was again seen on 5/14/14 and was noted to be weaning from his MS Contin 15 mg down to 50%. His physical exam findings remained the same. His diagnosis is Lumbago.Treatment to date: SCS, medications, RFA to L4 and L5The UR decision dated 4/9/14 denied the request as MTUS guidelines do not support the use of RFA in neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation of right then left L4 and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: CA 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. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. This patient apparently had an RFA at L4 and L5 in 2011 and had a "good response", however there was a lack of documentation to describing the response (i.e. VAS score, gain of function). Therefore, the request for an RFA to L4 and L5 was not medically necessary.