

Case Number:	CM14-0056659		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2001
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53 year old male patient with a 3/1/2001 date of injury. The exact mechanism of injury has not been described. The most recent progress note on 6/24/2014 states patient complains of low back pain which radiates down the anterior part of the legs into his feet. Patient had a transforaminal epidural injection to bilateral L3/4 on 6/6/2014 noting he obtained about some relief of his pain for a few days in his back. However, his pain level returned after a few days. On 2/21/2014 patient had a bilateral L3/4 facet injection which he obtained 15% relief of pain for about 3-4 hours. Objective: On exam patient presents sitting with residual lower back pain and leg pain 2nd to facetogenic and discogenic pain at L3/4 level. There is no new neurologic deficit. Diagnostic Impression: Postlaminectomy syndrome, lumbar region, lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified myalgia and myositis, cervicocranial syndrome Treatment-to-date: medication management, home exercise, TFE. A UR decision dated 4/14/2014 denied the request for radiofrequency ablation at L3-L4 due to the fact there was insufficient data on the specific location of the initial facet joint injections which is of importance in determining the medical necessity of the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiofrequency Ablation at L3-4 as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines CA MTUS 9792.23.5. Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Low Back Chapter.

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. The provided medical documents do not state that the patient had a diagnostic medial branch block performed that would warrant a radiofrequency ablation. Furthermore no formal plan of additional evidence-based conservative care in addition to facet joint therapy was mentioned. Therefore, the decision for radiofrequency ablation at L3-L4 is not medically necessary.