

Case Number:	CM14-0056779		
Date Assigned:	07/09/2014	Date of Injury:	01/10/2011
Decision Date:	08/11/2014	UR Denial Date:	04/04/2014
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 Physical Medicine & 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:

The injured worker is a 58-year-old male who reported an injury on 01/10/2011. The mechanism of injury was not provided for the clinical review. The diagnoses included chronic low back pain, status post left shoulder arthroscopic decompression, chronic right shoulder pain, status post arthroscopic surgery, bilateral hip pain and bilateral knee pain. Previous treatments included medications, surgery and an MRI as well as a medial branch block at L2, L3 and L4. Within the clinical note dated 03/14/2014, it was reported that the injured worker complained of back pain, bilateral knee pain and shoulder pain. The injured worker reported that he had a medial branch block done on the right L2, L3 and L4 one week ago, which had given him 70% to 80% relief of his low back pain. On physical examination, the provider noted that the injured worker had tenderness to palpation of the midback between T6 and T10. Facet loading reproduced his pain more on the right than the left. The most recent note submitted on 06/05/2014 is unchanged. The provider requested for a radiofrequency ablation on the right at L2, L3 and L4. However, the rationale was not provided for the clinical review. The Request for Authorization was submitted and dated 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation on the right for L2, L3 and L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Face Joint Radiofrequency Neurotomy.

Decision rationale: The request for a radiofrequency ablation on the right for L2, L3 and L4 is not medically necessary. The injured worker complained of back pain, bilateral knee pain and shoulder pain. The Official Disability Guidelines further state that facet joint radiofrequency neurotomy is recommended as a treatment that requires a diagnosis of facet joint pain, usually using a medial branch block. A neurotomy should not be repeated unless the duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief that is sustained for at least 6 months. Approval of repeat neurotomies depends on variables, such as evidence of adequate diagnostic blocks, documented improvement in a VAS score, decreased medication and decreased improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neural blockades, these should be performed at intervals of no sooner than 1 week and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The request submitted for a radiofrequency ablation for L2, L3 and L4 exceeds the recommendations of the guidelines of no more than 2 joint levels at 1 time. There is a lack of documentation indicating that the provider performed an adequate physical examination, including documented improvement in VAS score, decreased medications and documented improvement in function. Therefore, the request for a radiofrequency ablation on the right for L2, L3 and L4 is not medically necessary.