

Case Number:	CM14-0061923		
Date Assigned:	07/11/2014	Date of Injury:	03/16/2009
Decision Date:	09/08/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/04/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 47 year old employee with date of injury of 3/16/2009. Medical records indicate the patient is undergoing treatment for facet arthritis L5-S1, possible disk herniation and lateral epicondylitis left elbow. Subjective complaints include low back pain with numbness to the right leg and bilateral elbow pain. The patient describes his pain as 6/10 (not specific as to where). After a facet injection at L5-S1 on 9/16/2009, the patient reported on 10/19/2009 that he received 50% pain relief with the injection and 70% pain relief over the first several days after the injection. Objective findings include lumbar extension to 20 degrees and lateral flexion to 20 degrees bilaterally with pain at extremes. There is no sensorimotor deficit in the lower extremities. There is tenderness at the lateral epicondyle of the left elbow. In the lumbar spine there is tenderness to palpation over the paraspinal musculature. The exam reveals normal lordosis. Flexion is 60/60 and extension is 25/25. Right and left bend are both 25/25 degrees. There is no tenderness to palpation over the spinous process. The patient has diminished sensation over the right S1 dermatome. There are 2+ reflexes in the patellae and Achilles. He has negative Achilles clonus and negative SLRs. An MRI (8/12/2009) revealed at L5-S1 disk herniation. Treatment has consisted of Tramadol, anti-inflammatories, PT, chiropractic treatment, acupuncture, lumbosacral support, Meloxicam, Anaprox, Xanax, Dendracin, voltran gel, Methocarbamol, hot/cold therapy system and an injection of corticosteroid into the left elbow lateral epicondyle, request to re-authorize a pain management evaluation. The patient had a previous facet injection at L5-S1 on 9/16/2009. The utilization review determination was rendered on 4/19/2014 recommending non-certification of Lumbar radiofrequency ablation, unknown level(s).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation, unknown level(s): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low back - Facet Injections; Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: ODG states, "Criteria for use of facet joint radiofrequency neurotomy:(1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.(3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function.(4) No more than two joint levels are to be performed at one time.(5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy."The treating physician in a progress note dated 3/29/2010 noted that the patient got 50% improvement with facet joint injections and a reduction in axial back pain and muscle spasms. The utilization reviewer spoke to the treating physician on 4/1/14 and the treating physician noted that the patient had no sensorimotor deficits, got significant relief from previous injections, and the he was planning on injecting one level at L4-L5. Based on the medical documentation provided, the treating physician has met the above guidelines. As such, the request for Lumbar radiofrequency ablation, unknown level(s) is medically necessary.