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| Case Number: | CM14-0079019 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/08/1997 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 53 year old female who was injured 2/8/1997. The diagnoses are low back pain, right shoulder pain, status post lumbar fusion and fibromyalgia. There is associated diagnosis of depression. The patient completed Physical Therapy treatments. There is a spinal cord stimulator in situ that is effective on the lumbar radicular leg pain. The cervical spine MRI showed multilevel disc bulge and neural foramina stenosis. There is no MRI report on the lumbar spine. There is no report of significant response to a prior lumbar diagnostic facet block. [REDACTED] noted subjective complaints of low back pain radiating down the 4th and 5th toes. There are associated numbness and tingling sensations. There are tenderness in the lumbar facet areas and a positive FABER (Flexion in Abduction and External Rotation) test indicative of sacroiliac joints tenderness. The patient reported decrease in pain and increase in ADL (Activity of Daily Living) with weight loss due to exercise and increased activities. The medications are Suboxone, Gabapentin and Lidoderm for pain, Zofran for gastritis and Wellbutrin for depression from the psychiatrist. The Utilization Review determination was rendered on 5/20/2014 recommending non-certification for Bilateral L5-S1 radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 facet radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The CA MTUS did not address the use of radiofrequency ablation of the median branch nerves in the treatment of pain from lumbar facet syndrome. The ODG guidelines recommend radiofrequency ablation/rhizotomy of the median nerve branch for patients who reported significant pain relief, increase in ADL (Activity of Daily Living) and decrease in medication utilization following diagnostic median branch block or facet injections. There is no record for diagnostic facet injections. The patient had a spinal cord stimulator in place. The subjective complaints and objective findings are indicated of significant discogenic radicular pain. The guidelines do not recommend facet injection procedures for discogenic pain. The criteria for bilateral L5-S1 facet radiofrequency ablation were not met. Therefore, the request for Bilateral L5-S1 facet radiofrequency ablation is not medically necessary and appropriate.