

Case Number:	CM14-0090502		
Date Assigned:	07/23/2014	Date of Injury:	10/16/2003
Decision Date:	11/13/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 60 year old female who was injured on 10/16/2003. The diagnoses are low back pain, lumbar radiculopathy and myofascial pain syndrome. There are associated diagnoses of depression and obstructive sleep apnea. The 2012 MRI of the lumbar spine showed multilevel degenerative disc disease, neural foraminal stenosis and facet hypertrophy. The EMG / NCS showed left L5 neuropathy. ██████ noted subjective complaints of low back pain radiating to the groin. The patient complained of recent falls, drowsiness, fuzziness and lethargy with the use of opioids. There are pending requests for authorization for spinal cord stimulator, transforaminal epidural steroid injections, MRI and specialist consultations. The medications are methadone, Celebrex and Percocet for pain, Paxil for depression and Ativan for muscle spasm. There are many inconsistent UDS reports that was negative for prescribed methadone. A Utilization Review determination was rendered on 5/20/2014 recommending non certification for left L2 to L5 rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation (RFA) L2,3,4,5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, web, 2012, Low Back, Facet joint radiofrequency neurotomy

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. Facet Procedures

Decision rationale: The CA MTUS did not full address the indications for radiofrequency ablation of the lumbar facet medain branch nerves in the treatment of facet syndrome. The ODG guidelines recommend that radiofrequency ablation can be utilized after a significant reduction in pain, increase in physical function and decrease in medications utilization following diagnostic facet median branch blocks in the absence of radiculopathy. The records did not show that the patient had a successful diagnostic facet block. The patient was diagnosed with lumbar radiculopathy and is awaiting approval for MRI, epidural steroid injections and spinal cord stimulator trial. The patient is utilizing CPAP for the treatment of sleep apnea and is exhibiting significant opioids and benzodiazepines related adverse effects that requires management. The criteria for the left L2 to L5 radiofrequency ablation is not medically necessary.