

Case Number:	CM14-0090628		
Date Assigned:	07/25/2014	Date of Injury:	04/26/2012
Decision Date:	09/26/2014	UR Denial Date:	05/24/2014
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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 26 year old male who sustained injury to his low back on 04/26/12 while moving cash registers when he felt low back pain. MRI of the lumbar spine dated 02/11/13 revealed L3-4 mild disc bulge without stenosis; L4-5 mild bilateral recess stenosis; L5-S1 right-sided post-surgical changes and mild central stenosis. The injured worker underwent facet injections at L5-S1 providing greater than 50% improvement in his low back pain, but the injured worker continued with medications. Physical examination noted moderate tenderness in the low back; range of motion extension increased pain; motor examination grossly intact. The injured worker was diagnosed with displacement of the lumbar intervertebral disc without myelopathy and status post decompression 09/27/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency ablation to the lumbar spine at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014 Low Back Chapter, 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) Low back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The previous request was denied on the basis that the injured worker had facet injections on 04/21/14, following which he had 50% improvement in his pain. As per Official Disability Guidelines, the injured worker has to have at least 50% in pain reduction for at least six weeks. The procedure was performed on 04/21/14, which was about four weeks at the time of denial; therefore, the injured worker needs to be seen to evaluate if he continued to have pain reduction of 50% or more after six weeks have past. It was unclear if the injured worker underwent interarticular facet joint injections or medial branch blocks and if the injections were anesthetic or corticosteroids. The Official Disability Guidelines state that treatment with radiofrequency ablation requires diagnosis of facet joint pain using medial branch block and that treatment with this modality is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Given this, the request for bilateral radiofrequency ablation to the lumbar spine at L5-S1 is not indicated as medically necessary.