

Case Number:	CM13-0006310		
Date Assigned:	11/08/2013	Date of Injury:	10/26/2010
Decision Date:	02/28/2015	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 with a date of injury of October 26, 2010. Results of the injury include the lumbar region. Diagnosis include uns thoracic/lumb neuritis/radicul, postlaminectomy synd lumbar region, lumbar spondylosis, and post laminectomy syndrome, lumbar spine. Treatment has included surgery, bilateral L4 and L5 medial branch block, opioid therapy, robaxin cymbalta, and tramadol. Magnetic resonance imaging scan of the lumbar spine revealed lumbar sacral spondylosis with symptoms consistent with facetogenic back pain with facet hypertrophy changes. Progress report dated August 22, 2013 revealed the back to have decreased range of motion in all planes. There was tenderness to palpation of the lumbar paraspinous area. There was decreased range of motion with extension and decreased range of motion with flexion. There was a surgical scar noted. Documentation dated April 17, 2012 noted the injured worker as totally temporarily disabled. The treatment plan included opioid therapy, robaxin, cymbalta, and tramadol. Utilization review form dated July 18, 2013 non certified right L4-L5 lumbar RFA with fluoroscopy in office due to lack of compliance with MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4, L5 LUMBAR RFA WITH FLUROSCOPY IN OFFICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-303. Decision based on Non-MTUS Citation Low Back

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that properly relate to this topic. ACOEM only has general recommendation. Official Disability Guidelines were used for detailed criteria. As per Official Disability Guidelines basic criteria for recommendation of radio frequency ablation is a successful diagnostic facet block. A successful block requires objective documentation of improvement of at least 70% in pain lasting at least 2hours. The procedure note dated 5/14/13 and progress note dated 5/15/13 has failed to adequately document pain relief with the injection. There is no pre-procedural pain scale noted and no noted appropriate documentation of relief after the injection. The provider documented "60%" improvement in pain but there is no documentation as to what "60% improvement" means and for how long the symptoms lasted for. The documentation of facet block fails to support criteria for radio frequency ablation. There is concern about validity of facet block findings and there is no appropriate documentation of objective improvement in pain or function after the block. A "60% improvement" also does not meet criteria for a successful block. Lumbar radio frequency ablation of Right L4-5 is not medically necessary.