

Case Number:	CM13-0069095		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2008
Decision Date:	03/27/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 29, 2000. In a utilization review report dated December 11, 2013, the claims administrator failed to approve a request for radiofrequency ablation procedure at L4-L5 and L5-S1. The claims administrator referenced an RFA form received on December 4, 2013, in its determination. The applicant's attorney subsequently appealed. In a November 8, 2013 pain management consultation, the applicant reported ongoing complaints of low back pain, left shoulder pain, and right knee pain. The applicant had transferred care to and from various providers in various specialties, and had been terminated by his former employer, it was acknowledged. The applicant had received a series of three lumbar epidural steroid injections, it was acknowledged. Radiation of low back pain to the bilateral thighs is evident. The applicant was on Prilosec, Norco, Zanaflex, and Restoril, it was acknowledged. The applicant was using a cane to move about. The attending provider reiterated the request for a lumbar radiofrequency ablation procedure. The applicant was also in the process of pursuing a knee surgery procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION AT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

Decision rationale: 1. No, the proposed lumbar radiofrequency ablation procedure (a.k.a. lumbar facet neurotomy procedure) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does note that radiofrequency neurotomy procedures/radiofrequency ablation procedures can be considered in applicants who demonstrate a favorable response to earlier differential dorsal ramus diagnostic medial branch blocks, in this case, however, the progress note of November 8, 2013 on which the radiofrequency ablation procedure was sought suggested that the applicant's primary pain generator was, in fact, lumbar radiculopathy, for which the applicant received three prior epidural steroid injections. The applicant continued to report persistent complaints of low back pain radiating into the legs on that date. The applicant was described as having an electrodiagnostically-confirmed left lower extremity radiculopathy on November 8, 2013. The applicant's ongoing lower extremity radicular complaints, thus, argue against the need for the proposed lumbar radiofrequency ablation procedure as they imply that the applicant's primary pain generator is, in fact, lumbar radiculopathy as opposed to facetogenic low back pain for which the proposed radiofrequency ablation procedure could be considered. Therefore, the request was not medically necessary.