

Case Number:	CM14-0006943		
Date Assigned:	03/19/2015	Date of Injury:	04/18/2011
Decision Date:	04/16/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/17/2014

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. 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, New York, 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 April 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 17, 2013, the claims administrator failed to approve request for lumbar radiofrequency ablation procedures at L4-L5 and L5-S1. The applicant's attorney subsequently appealed. On June 9, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. The attending provider stated the applicant was pending the previously initiated lumbar radiofrequency ablation procedure. The applicant did have superimposed issues with diabetes, it was acknowledged. Right lower extremity had ranged from 4/5 to 5/5, the treating provider acknowledged. The applicant's medications included Norco, Norflex, glipizide, metformin, and Protonix. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. The attending provider reiterated his request for lumbar frequency ablation procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent lumbar facet injections at L4-L5 and L5-S1 - aka radiofrequency ablation fluoroscopic guidance IV sedation: 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.

Decision rationale: No, the proposed lumbar radiofrequency ablation procedures at L4-L5 and L5-S1 were not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomy procedures (AKA radiofrequency ablation procedure) are only performed after appropriate investigation involving diagnostic medial branch blocks. In this case, however, the applicant does not appear to have facetogenic or discogenic low back pain for which facet joint injections, medial branch blocks, and/or radiofrequency ablation procedures could be considered. Rather the applicant was described as having predominantly radicular pain complaints on an office visit of June 9, 2014, referenced above. Sciatica was acknowledged as a primary operating diagnosis. It is further noted that facet joint injections, as a class are deemed "not recommended" per ACOEM Chapter 12, Table 12-8, page 309. Therefore, the request was not medically necessary.