

Case Number:	CM14-0015026		
Date Assigned:	02/28/2014	Date of Injury:	07/14/1998
Decision Date:	01/28/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family Practice and is licensed to practice in New Jersey. 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 58 year-old female who was injured on 7/14/98 when she bent over and was taking clothes out of dryer and injured her cervical, thoracic, lumbar, right buttock, and left wrist. She currently complains of low back pain radiating to right lower extremity. On exam, she had decreased range of motion of lumbar spine, normal neurological exam but absent reflexes. On electrodiagnostic testing, she had mild radiculopathy in the right L5 nerve root without evidence of peripheral neuropathy. Lumbar MRI showed degenerative disc disease worse at L4-5 and L5-S1 with foraminal narrowing. CT scan showed lumbar disc bulges. She was diagnosed with lumbar disc degeneration, lumbosacral spondylosis, lumbar spinal stenosis, and spondylolisthesis. She had a history of facet joint injection, piriformis injection, and sacroiliac joint injection. She had physical therapy with self-directed home exercise, and acupuncture. Her medication have included narcotics, anti-inflammatories, muscles relaxants, and topical creams. Surgery was to be discussed in the future and not medically necessary at the time according to the chart. She was determined to be permanent and stationary. The current request is for a pain management consultation and radiofrequency ablation which was denied by utilization review on 2/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with...treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The patient has had many forms of conservative therapy with such as medications, physical therapy, home exercise program, acupuncture, and injections with persistent pain. It is considered medically necessary for the patient to have a pain management consultation with persistent symptoms.

Radiofrequency Ablation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Facet joint radiofrequency neurotomy.

Decision rationale: The request is considered not medically necessary. The use of facet joint radiofrequency neurotomy is largely under study according to ODG guidelines. MTUS does give specific guidelines regarding radiofrequency ablation. The patient has not had facet joint diagnostic blocks. The use of radiofrequency ablation shows conflicting evidence regarding the efficacy and while there have been demonstrations of decreased pain temporarily, there have been no demonstrations of increased function. Because of the lack of definitive evidence, this request is considered not medically necessary.