MAXIMUS Federal Services

Case Number:	CM14-0186705		
Date Assigned:	11/14/2014	Date of Injury:	11/26/1996
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient is a 37-year-old female who has submitted a claim for lumbar facet arthropathy and major depressive disorder, associated with an industrial injury date of November 26, 1996.Medical records from 2014 were reviewed. The patient complained of persistent low back pain rated 6/10 in severity, aggravated by prolonged standing and walking. Physical examination of the lumbar spine showed limited motion, positive lumbar facet loading test, normal motor strength, normoreflexia, and intact sensation. Treatment to date has included medial branch blocks at L3, L4, and L5 on September 19, 2014 (resulting to decreased pain severity from 6/10 to 5/10 for approximately 1 hour after the procedure), physical therapy and medications.The utilization review from October 13, 2014 denied the request for radiofrequency ablation L3 to L5 because of insufficient positive response from a previous medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation L3-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabislity Guidelines - Low back Chapter

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, Facet Joint Radiofrequency Neurotomy

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guideline was used instead. ODG criteria for radiofrequency ablation (RFA) include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the patient complained of persistent low back pain rated 6/10 in severity aggravated by prolonged standing and walking. Physical examination of the lumbar spine showed limited motion, positive lumbar facet loading test, normal motor strength, normoreflexia, and intact sensation. The patient underwent medial branch blocks at L3, L4, and L5 on September 19, 2014 resulting to decreased pain severity from 6/10 to 5/10 for approximately 1 hour after the procedure. However, the guideline criterion for radiofrequency ablation was not met. There was insufficient decrease in severity and duration of pain relief to warrant RFA. There is no discussion concerning need for variance from the guidelines. Therefore, the request for radiofrequency ablation L3-L5 is not medically necessary.