

Case Number:	CM14-0194617		
Date Assigned:	12/02/2014	Date of Injury:	01/19/2012
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 Orthopedic Surgeon 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:

According to the records made available for review, this is a 42-year-old female with a 1/19/12 date of injury. At the time (9/30/14) of request for authorization for Radiofrequency ablation at L3-L4, L4-L5 and L5-S1 levels, there is documentation of subjective (low back pain radiating to the buttocks and things with numbness) and objective (decreased range of motion of the lumbar spine and decreased strength with hip flexion) findings, current diagnoses (facet arthropathy L3-S1, disc degeneration of the lumbar spine, bilateral lumbar radiculopathy, and chronic lumbago), and treatment to date (facet block and medications). Medical reports identify that back pain was resolved for a total of 24hrs proceeding the facet block. There is no documentation of a response of 70% following previous medial branch diagnostic block, no more than two joint levels will be performed at one time, and a formal plan of additional evidence-based conservative care used in addition to facet joint therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at L3-L4, L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), facet joint radiofrequency neurotomy, diagnostic blocks for facet

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care used in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of facet arthropathy L3-S1, disc degeneration of the lumbar spine, bilateral lumbar radiculopathy, and chronic lumbago. In addition, there is documentation of previous diagnostic medial branch block. However, despite documentation that back pain was resolved for a total of 24hrs proceeding the facet block, there is no (clear) documentation of a response of 70%. In addition, given documentation of a request for Radiofrequency ablation at L3-L4, L4-L5 and L5-S1 levels, there is no documentation that no more than two joint levels will be performed at one time. Furthermore, there is no documentation of a formal plan of additional evidence-based conservative care used in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for Radiofrequency ablation at L3-L4, L4-L5 and L5-S1 levels is not medically necessary.