

Case Number:	CM14-0197340		
Date Assigned:	12/05/2014	Date of Injury:	09/26/2013
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine 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:

This is a 28 year old female who sustained a work related injury on September 25, 2013. The mechanism of injury was described as being hit in the low back by falling carts. Initial evaluation revealed normal findings on x-rays. She was placed on pain medication and temporary total disability at that time. Treatment consisted of physical therapy, medications and two epidural injections. She reported temporary relief from initial physical therapy and returned to work in December 2013 with restricted duties. She worked until February 2014 when her symptoms became intolerable. At that time she received an additional course of physical therapy and a series of two epidural injections. She reported the injections offered relief for approximately two weeks however pain returned. She again tried physical therapy but reported it aggravated her symptoms. On 09/23/2014 physical exam of the spinal axis revealed trigger points easily palpable in the low back, paraspinal and buttocks musculature bilaterally. Range of motion from the waist was 45 degrees of flexion, 15 degrees of extension and 15 degrees of bilateral tilt with significant pain on extension. Lower extremity examination showed normal range of motion, normal sensory and motor exam. Deep tendon reflexes were two plus and equal. Straight leg raising was negative bilaterally. Magnetic resonance imaging (MRI) of lumbar spine (10/29/2013) showed evidence of bilateral facet hypertrophy. Initial x-rays are documented as normal. MRI report is in submitted records. Initial x-ray reports are not available in submitted records. The IW was diagnosed was lumbar facet hypertrophy. The provider requested lumbar radiofrequency left lumbar 4-5 and lumbar 5-sacral 1 on 09/23/2014. On 10/22/2014 utilization review issued a decision determining the request non-certified stating "the patient underwent diagnostic facet injections and reported some relief for 12 hours. This response is not sufficient to determine if the block was successful and to proceed with radio frequency treatment." Guidelines cited were ACOEM Guidelines Low Back Complaints as

referenced by California Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines - Low Back. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Left L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-Lumbar and Thoracic, Facet joint radio frequency neurotomy

Decision rationale: Chronic pain and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do have any sections that properly relate to this topic. ACOEM only has general recommendation. Official Disability Guidelines were used for detailed criteria. As per Official Disability Guidelines basic criteria for recommendation of radio frequency ablation is a successful diagnostic facet block. A "successful" block requires objective documentation of improvement of at least 70% in pain lasting at least 2hours. The procedure note dated 3/17/14 fails to provide any documented relief and there is no documented pain assessment prior to procedure and no documentation of any improvement after procedure. There is also note stating that the procedure was done under "monitored anesthesia care" which raises concerns about validity of any improvement since a valid block cannot be biased by any sedatives or any opioid pain medications received at home or during procedure. The primary provider on 8/14/14 documented improvement as "moderate" lasting 12hours and pain specialist note on 9/23/14 states that pain from blocks lasted "2months" and provided "relief". The documentation of facet block fails to support criteria for radio frequency ablation. There is concern about validity of facet block findings and there is no clear objective improvement in pain or function after the block with vastly differing claim o subjective f improvements after the block.Lumbar radio frequency ablation of left L4-5 and L5-S1 is not medically necessary.