

Case Number:	CM14-0198810		
Date Assigned:	12/09/2014	Date of Injury:	03/05/2008
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

This 58 year old man sustained an industrial injury on 3/5/2008 resulting in bilateral lumbar facet pain. The mechanism of injury is not available. Physician notes from pain service dated 9/16/2014 state that the worker had received a right SI and piriformis injection earlier this month that has eliminated the right hip/buttock pain; however, he is having increased back pain. The worker admits to moving some furniture as he is having floors installed and taking two falls this past month. Additionally, the worker has run out of pain medication. The physical examination describes limited range of motion, stiffness, achiness, and tenderness to his lumbar spine and pelvis and normal sensation to the lower extremities. Physician notes from pain service dated 11/11/2014 states that worker is complaining of low back pain similar to the pain that he had experienced prior to the lumbar radiofrequency ablation. He continues to take and tolerate his medication well. Physical examination shows the same limits to range of motion, stiffness, achiness, and tenderness as the above examination. The worker is currently retired. Recommendations are for bilateral radiofrequency ablation L4-L5, L5-S1 and blocks for the same levels if required first. On 11/19/2014, Utilization Review evaluated a prescription for bilateral lumbar radiofrequency L4-L5, L5-S1 fluoroscopy and IV sedation. The UR physician noted a past radiofrequency ablation performed in January which yielded ten months of 80% relief of the low back as well as the worker's current symptoms. The request was denied and subsequently 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:

Bilateral lumbar radiofrequency L4-5, L5-S1, fluoroscopy and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lower back complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, << there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks >>. There is no clear objective documentation of pain and function from previous radiofrequency procedure. The patient underwent a radiofrequency ablation without significant functional improvement. Therefore, bilateral lumbar radiofrequency L4-5, L5-S1, fluoroscopy and IV sedation is not medically necessary.