MAXIMUS Federal Services

Case Number:	CM14-0199264		
Date Assigned:	12/09/2014	Date of Injury:	11/19/2012
Decision Date:	01/29/2015	UR Denial Date:	11/05/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old female who has submitted a claim for lumbar disc protrusion and osteoarthritis associated with an industrial injury date of 11/19/2012.Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities. Physical examination showed a well-healed lumbar surgical scar, lumbar muscle spasm, painful and limited lumbar range of motion, tenderness, and diminished sensation at left lower leg. Reflexes and motor strength were intact. Treatment to date has included laminectomy and discectomy at L2-L5 levels on May 2014, physical therapy, home exercise program, H-wave use and medications. The documented rationale for ablation therapy is to treat the facet joint arthritis.The utilization review from 11/5/2014 denied the request for ablation therapy because clinical findings were not suggestive of a facet joint pathology due to the presence of decreased sensation at the left lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ablation therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter : Low Back - Lumbar & Thoracic (Acute & Chronic), facet joint lumbar radiofrequency neurotomy

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 Chapter, 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, ODG was used instead. ODG criteria for 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 documented rationale for ablation therapy is to treat the facet joint arthritis. The patient complained of low back pain radiating to bilateral lower extremities. Physical examination showed a well-healed lumbar surgical scar, lumbar muscle spasm, painful and limited lumbar range of motion, tenderness, and diminished sensation at left lower leg. Reflexes and motor strength were intact. Treatment to date has included laminectomy and discectomy at L2-L5 levels on May 2014, physical therapy, home exercise program, H-wave use and medications. However, clinical manifestations are not consistent with facet-mediated type of pain. Moreover, it is unclear if the patient underwent a previous diagnostic Medial branch block. Furthermore, there is no imaging submitted for review. The request as submitted also failed to specify intended level for injection. The guideline criteria are not met. Therefore, the request for ablation therapy is not medically necessary.