

Case Number:	CM14-0201234		
Date Assigned:	12/11/2014	Date of Injury:	07/08/2010
Decision Date:	01/29/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine 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 51 year old male with an injury date on 7/8/10. The patient complains of low lumbar pain and increased urinary frequency, which he thinks is caused by pain per 10/21/14 report. The patient also has right knee pain rated 7/10 per 10/2/14 report. The patient had a medial branch block at right L3-4, L4-5 and L5-S1 on 12/19/13 and received 70% pain relief for 3-4 hours after the injection and pain gradually returned over the rest of the day per 10/21/14 report. He is able to walk with less pain following the injection per 10/21/14 report. Based on the 10/21/14 progress report provided by the treating physician, the diagnoses are: 1. facet arthropathy on the right at L3-4, L4-5, and L5-S12. Degenerative joint disease of the right knee3. Right knee medial/lateral meniscus tear s/p right knee arthroscopy 10/3/114. Chronic pain syndromeA physical exam on 10/21/14 showed "L-spine range of motion is decreased in all planes. Negative straight leg raise bilaterally. Right knee range of motion is 0 to 135 degrees." The patient's treatment history includes medications, right knee X-rays, MRI of L-spine, urine drug screen, medial branch block. The treating physician is requesting radio frequency ablation at the right L3-4, L4-5, and L5-S1 facets. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 5/13/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation at the right L3-L4, L4-L5 and L5-S1 Facets: Overturned

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 chapter, Facet joint radiofrequency neurotomy.

Decision rationale: This patient presents with lower back pain, right knee pain. The treater has asked for Radiofrequency Ablation at the right L3-L4, L4-L5 and L5-S1 Facets on 10/21/14. The patient had a medial branch block at right L3-4, L4-5 and L5-S1 on 12/19/13 and received 70% pain relief for 3-4 hours after the injection and pain gradually returned over the rest of the day per 10/21/14 report. For radio frequency neurotomy of L-spine, ACOEM states that it gives mixed results, and ODG recommends on a case-by-case basis, after a positive response to a facet diagnostic block. In this case, the patient had a successful medial branch block which gave 70% reduction of pain for 3-4 hours. The requested radio frequency ablation at the right L3-4, L4-5 L5-S1 facets appears reasonable and within ODG guidelines. The request is medically necessary.