

Case Number:	CM14-0209927		
Date Assigned:	01/07/2015	Date of Injury:	06/19/2013
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic hip, thigh, and low back pain reportedly associated with an industrial injury of June 19, 2013. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to approve a request for a left permanent lumbar facet radiofrequency ablation procedure. An RFA form of December 1, 2014, an appeal letter of November 21, 2014, an office visit of October 24, 2014, and an earlier UR report of November 20, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On October 17, 2014, the applicant received left L4-L5 and L5-S1 intra-articular facet joint injections under fluoroscopic guidance with conscious sedation. The applicant carried diagnosis of lumbar spondylolyses, gait disturbance, and right hip sub-trochanteric fracture repair, the claims administrator noted. On June 6, 2014, the attending provider noted that the applicant had undergone an epidural steroid injection at L5-S1 on May 30, 2014. The applicant did carry diagnosis of diabetes, hypertension, and hypothyroidism, and history of breast cancer, currently in remission. The applicant had radiographically confirmed lumbar radiculopathy, the attending provider noted. The applicant was on a ketamine cream, Ambien, Vicodin, aspirin, Benicar, TriCor, iron, Fosamax, hydrochlorothiazide, Levoxyl, metformin, and Zocor, it was acknowledged. On October 24, 2014, the applicant reported persistent complaints of low back pain radiating into the right leg. The attending provider stated that he believed the facet injections had proven successful. The applicant still had appreciable back and leg pain complaints. The attending provider suggested that the applicant had returned to regular duty work, in one section of the note while stating,

somewhat incongruously, in another section of the note, that the applicant had some residual permanent disability associated with her low back pain issues. A third section of the note again stated that the applicant had returned to work effective June 30, 2014. A lumbar radiofrequency ablation procedure was sought..

IMR ISSUES, DECISIONS AND RATIONALES

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

Left permanent lumbar facet injection AKA radiofrequency ablation, each additional level, fluoroscopic guidance, IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 Physical Methods section, Acupuncture Treatment Guidelines.

Decision rationale: No, the proposed lumbar radiofrequency ablation procedure under fluoroscopic guidance and with IV sedation is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 does acknowledge that radiofrequency neurotomy procedure (AKA radiofrequency neurotomy procedure) can be employed in applicants who have had a previously successful response to earlier diagnostic medial branch blocks. In this case, however, the applicant received prior intra-articular facet injection, not diagnostic medial branch blocks. It is further noted that the applicant's primary pain generator appears to be lumbar radiculopathy, radiographically confirmed, status post earlier epidural steroid injection therapy. The attending provider had stated on several occasions that the applicant continues to report persistent complaints of low back pain radiating into the legs and has acknowledged, moreover, that the applicant has received recent epidural steroid injection therapy. Radiofrequency ablation procedure/radiofrequency neurotomy procedures, thus, are not indicated in the clinical context present here. Therefore, the request is not medically necessary.