

Case Number:	CM15-0004859		
Date Assigned:	01/16/2015	Date of Injury:	09/01/1999
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58 year old male, who sustained an industrial injury on September 1, 1999. He has reported an injury when he was struck in the back by a water truck. The diagnoses have included lumbosacral spondylosis, lumbago and radiculitis. Treatment to date has included heat, ice, epidural steroid injections, physical therapy, chiropractic treatment, transcutaneous electrical nerve stimulation unit and medication. Currently, the injured worker complains of low back pain. An epidural steroid injection on October 2, 2014, provided 35% relief. He had two injections and is no longer having episodes of severe pain although he still struggles with nonradicular low back pain. The pain was noted to interfere with some of his ability to do normal daily activities. On December 22, 2014, Utilization Review non-certified a bilateral radiofrequency ablation L2, noting the Official Disability Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of bilateral radiofrequency ablation L2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency ablation L2, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for use of facet joint radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Online Low Back Chapter, Facet Joint Radiofrequency Neurotomy

Decision rationale: The patient presents with low back pain. The current request is for Bilateral radiofrequency ablation L2, QTY 1. The treating physician states, "Despite the improvement is had had with a lumbar ESIs, he states that he still continues to struggle with nonradicular low back pain." (B.30) The MTUS guidelines do not review to Facet Joint Radiofrequency Neurotomy. The ODG guidelines do address facet joint radiofrequency neurotomy. The criteria for facet joint radiofrequency neurotomy is based on the ODG guidelines for Facet joint pain, signs & symptoms which states, (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) Predominate axial low back pain; (3) Absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. The ODG goes on to say that for facet joint radiofrequency neurotomy to be recommended the patient requires a successful medial branch block to be performed prior to consideration of radiofrequency ablation. In this case, there is documentation of prior medial branch block at L2 and L3 with 50% relief of pain. The current request is medically necessary and the recommendation is for authorization.