

Case Number:	CM15-0005105		
Date Assigned:	01/16/2015	Date of Injury:	02/09/2011
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker (IW) is a 38 year old female, who sustained an industrial injury on February 9, 2011. She has reported chronic low back pain and severe pain in the right foot with itching, swelling, numbness, discoloration and cramping of the right foot with pain in the right toes as well and was diagnosed with right leg posterior middle third major burn scars, right foot dorsal surface major burn scars, right leg posterior middle portion painful burn scars, right foot dorsal 2 major hyperpigmented/hypopigmented painful scars, right foot RSD, lumbar (L)5 through sacral (S)1 disk protrusion with radiculopathy, lumbar disc herniation with myelopathy, lumbar degenerative joint disease/ degenerative disc disease and lumbar myalgia and mild spasm along with neuritis and radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, epidural injections, psychotherapy, physical therapy, chiropractic therapy, acupuncture, bracing and work restrictions. Currently, the IW complains of chronic low back pain and severe pain in the right foot with itching, swelling, numbness, discoloration and cramping of the right foot with pain in the right toes as well. The IW reported continued to report low back and pain in the right lower extremity following an industrial injury on February 9, 2011. Ashe noted standing on a fryer to clean above it and spinning into the fryer with the right foot. On November 15, 2013, evaluation revealed continued low back pain radiating to the right leg. Lumbar surgery was requested. On June 25, 2014, evaluation revealed continued pain and parasthensia of the right foot. Loose fitting shoes were recommended. On November 24, 2014, evaluation revealed a sacroiliac sprain/strain and lumbosacral sprain secondary to abnormal gait related to right foot burn injury. On December 1, 2014, Utilization

Review non-certified a request for radiofrequency ablation lumbar sympathetic ganglion under fluoroscopy, noting the MTUS, ACOEM and ODG was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of requested radiofrequency ablation lumbar sympathetic ganglion under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 radiofrequency ablation lumbar sympathetic ganglion under fluoroscopy:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low 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 documentation regarding a previous diagnosis medial branch block. Therefore, Right L3-4 radiofrequency ablation lumbar sympathetic ganglion under fluoroscopy is not medically necessary.