

Case Number:	CM15-0007451		
Date Assigned:	01/22/2015	Date of Injury:	03/21/2014
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 40 year old male, who sustained an industrial injury on 03/21/2014. The diagnoses have included lumbago and thoracic/lumbar neuritis/radiculopathy. Treatments to date have included physical therapy, chiropractic therapy, Transcutaneous Electrical Nerve Stimulation Unit, medial branch blocks, exercise, and medications. No diagnostics studies noted in received medical records. In a progress note dated 12/31/2014, the injured worker presented with complaints of low back symptoms which decreased greater than 70% with medial branch block on 11/26/14. The treating physician reported range of motion is restricted. The patient has had a positive SLR on the right, 5/5 strength and normal reflexes. The medication list includes Ibuprofen and Tramadol. The patient has had MRI of the low back on 5/7/14 that revealed degenerative changes, disc protrusion and foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4/5 & L5-S1 RFA (Radiofrequency Ablation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic- Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (updated 03/03/15) Radiofrequency ablation (RFA) Facet joint radiofrequency neurotomy

Decision rationale: Request: L4/5 & L5-S1 RFA (Radiofrequency Ablation) CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint radiofrequency neurotomy under study: Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. As per cited guideline there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy which was not specified in the records provided. Patient has received an unspecified number of the PT visits conservative treatment and chiropractic manipulation for this injury till date. Detailed response of the PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The patient has had a positive SLR on the right which is a possibility of radiculopathy and as per cited guideline the Facet joint diagnostic and therapeutic blocks are not recommended in presence of radicular pain. In addition, the medication list includes Ibuprofen and Tramadol. Effect of medications for chronic pain like antidepressants and anticonvulsants is not specified in the records provided. The medical necessity of the request for L4/5 & L5-S1 RFA (Radiofrequency Ablation) is not fully established in this patient.