

Case Number:	CM15-0008961		
Date Assigned:	01/30/2015	Date of Injury:	04/22/2011
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 55 year old male, who sustained an industrial injury on April 22, 2011. The mechanism of injury to the lower back is unknown. The diagnoses have included chronic pain, degenerative lumbar/lumbosacral intervertebral disc, lumbago, sciatica and radiculitis. Treatment to date has included pulsed radiofrequency denervation, lumbar medial branch rhizotomy, trigger point injections and medications. Currently, the injured worker complains of left and right sided lumbar pain. Movement is restricted in all directions due to pain. The injured worker reported temporary benefit in myofascial pain and function after recent trigger point injections. He reported improvement from a facet denervation on July 24, 2014. On December 18, 2014, Utilization Review non-certified a repeat lumbar facet denervation at bilateral L4-5 and L5-S1, noting the MTUS/ACOEM and Official Disability Guidelines. On January 15, 2015, the injured worker submitted an application for Independent Medical Review for review of repeat lumbar facet denervation at bilateral L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar facet denervation at bilateral L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Soloman M, et al. Radiofrequency treatment in chronic pain. Expert Rev Neurother. 2010; 10(3): 469-474. Medscape, accessed 03/13/2015. http://www.medscape.com/viewarticle/718292_3

Decision rationale: The ACOEM Guidelines in general support the use of radiofrequency ablation for the temporary relief of pain in the upper back. There is limited literature to support this treatment. However, studies have shown mixed results from this treatment for the lower back, and the Guidelines in general do not support it in that setting, especially without investigational dorsal ramus medial branch diagnostic blocks performed first. The submitted and reviewed documentation concluded the worker was suffering from myofascial pain syndrome, chronic pain, degenerative lower back disks, lower back pain, and facet arthropathy. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for repeat lumbar facet denervation at the L4 and L5 levels is not medically necessary.