

Case Number:	CM15-0103112		
Date Assigned:	06/05/2015	Date of Injury:	06/26/1999
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 54 year old male sustained an industrial injury on 6/26/99. He subsequently reported back pain. Diagnoses include lumbosacral spondylosis, postlaminectomy syndrome and lumbalgia. Treatments to date include x-ray and MRI testing, injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was steady gait. There was increased pain with weightbearing extension and axial rotation. A request for 2 right lumbar spine radiofrequency ablation L3-4 L-5 with fluoroscopy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 right lumbar spine radiofrequency ablation L3-4 L-5 with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-<https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical methods, Page 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, 2 right lumbar spine radiofrequency ablation L3-L4, L5 with fluoroscopy is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. And there should be evidence of a formal plan of additional evidence-based conservative care in addition to fast joint therapy. In this case, the injured worker's working diagnoses are lumbosacral spondylosis; post laminectomy; lumbalgia; unspecified thoracic/lumbar; opioid type; and disorders sacrum. The request for authorization is dated April 20, 2015. The earliest progress notes in the medical record date back to 2013. The most recent progress note medical record is dated April 24, 2014. There are no contemporaneous progress notes the medical record on or about request for authorization. The utilization review states there is no diagnostic median branch block documented in the medical record with positive results as a prelude to radiofrequency ablation according to a progress note dated April 1, 2015. Consequently, absent clinical documentation with a positive result from a median branch block and progress note documentation containing a clinical indication and rationale for radiofrequency ablation under fluoroscopy, 2 right lumbar spine radiofrequency ablation L3-L4, L5 with fluoroscopy is not medically necessary.