

Case Number:	CM15-0107121		
Date Assigned:	06/11/2015	Date of Injury:	03/03/2009
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/03/2015

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:

The injured worker is a 54-year-old female, who sustained an industrial injury on 03/03/2009. Initial complaints and diagnosis were not clearly documented. On most recent provider visit dated 03/10/2015 the injured worker has reported low back pain on the right. On examination of the lumbar spine and lower extremities revealed antalgic gait and utilized a cane to assist with ambulation. No evidence of tenderness to palpation was noted. The diagnoses have included cervical disc degeneration with facet arthropathy, right leg radiculopathy, status post L3-L4 transforaminal interbody fusion 5/2011, and L3-L4 and L4-L5 disc degeneration with positive concordant pain on discography and L4-L5 stenosis. Per documentation, the injured worker underwent a MRI-lumbar spine, lumbar discography under fluoroscopy, and CT of lumbar spine. Treatment to date has included laboratory studies and medication Norco. The provider requested on another visit radiofrequency ablation (no specific level of the spine indicated).

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation (no specific level of the spine indicated): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Radiofrequency ablation.

Decision rationale: Pursuant to the Official Disability Guidelines, radiofrequency ablation (no specific level of the spine identified) 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. In addition, 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 cervical desk degeneration with facet arthropathy and moderate central stenosis C-5 - C6; right lateral epicondylitis; right knee pes anserinus tendinitis; status post L3 - L4 and L4 - L5 transforaminal interbody fusion May 2011; right leg radiculopathy; right arm radiculopathy; right knee internal derangement; L3 - L4 and L4 - L5 disc degeneration with positive concordant pain on discography; L4 - L5 stenosis; and status post removal hardware April 9, 2014. The request for authorization is dated May 7, 2015. The most recent progress note in the medical record is dated March 10, 2015. There is no contemporaneous documentation in the medical record on or about the date of request for authorization. The March 10, 2015 progress note states the injured worker has continued right lower back pain and continues to take Norco. There is no contemporaneous clinical documentation on or about the date of request for authorization. As a result, there is no clinical discussion, clinical indication or rationale for a radiofrequency ablation. The UR indicates a May 1, 2015 progress note was reviewed (not present in the medical record for review). The injured worker has had multiple diagnostic blocks in the past, but there are no results in the medical record and there was insufficient documentation of lasting benefit of the requested procedure. Consequently, absent contemporaneous clinical documentation on or about the date of request authorization and no clinical indication or rationale for a radiofrequency ablation, radiofrequency ablation (no specific level of the spine identified) is not medically necessary.