

Case Number:	CM15-0017314		
Date Assigned:	02/05/2015	Date of Injury:	12/01/2012
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on December 1, 2012. The diagnoses have included lumbar facet syndrome of the lumbar spine, degenerative disc disease, low back pain and sprain/strain of the lumbar region. Treatment to date has included pain medication. Currently, the injured worker complains of ongoing low back pain which radiates to the low back and into the right leg. The injured worker reports fair quality of sleep. Previous lumbar medial branch blocks of the lumbosacral spine provided six hours of pain relief. On examination, the injured worker had normal gait, strength and sensation of the lower extremities. There was tenderness to palpation of the lumbar spine and a lumbar facet loading test indicated facet syndrome. On January 15, 2015 Utilization Review non-certified a request for lumbar radiofrequency ablation of L4-L5 and L5-S1, noting that there is no formal plan of additional evidenced-based conservative care post-procedure. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of lumbar radiofrequency ablation of L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablation (site L4-L5): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i½ Lumbar and Thoracic Facet Joint Radiofrequency Neurotomy, Updated March 24, 2015.

Decision rationale: As with facet joint diagnostic blocks, a lumbar radiofrequency nerve ablation procedure is recommended only for individuals whose pain is nonradicular. The most recent progress note dated February 6, 2015 indicates subjective complaints of numbness at the right posterior lateral thigh down to the level of the knee and physical examination also notes decreased sensation of the right lower extremity. There is also a decreased knee-jerk on the right side which is not present on the left. The response letter dated February 3, 2015 also indicates that the injured employee has symptoms radiating down the right lower extremity. Considering these abnormal neurological findings, this request for a lumbar radiofrequency nerve ablation at both L4 - L5 and L5 - S1 is not medically necessary.

Lumbar Radiofrequency Ablation (site L5-S1): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i½ Lumbar and Thoracic Facet Joint Radiofrequency Neurotomy, Updated March 24, 2015.

Decision rationale: As with facet joint diagnostic blocks, a lumbar radiofrequency nerve ablation procedure is recommended only for individuals whose pain is nonradicular. The most recent progress note dated February 6, 2015 indicates subjective complaints of numbness at the right posterior lateral thigh down to the level of the knee and physical examination also notes decreased sensation of the right lower extremity. There is also a decreased knee-jerk on the right side which is not present on the left. The response letter dated February 3, 2015 also indicates that the injured employee has symptoms radiating down the right lower extremity. Considering these abnormal neurological findings, this request for a lumbar radiofrequency nerve ablation at both L4 - L5 and L5 - S1 is not medically necessary.