

Case Number:	CM15-0139892		
Date Assigned:	08/04/2015	Date of Injury:	01/06/2010
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, 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 injured worker is a 41 year old male who sustained an industrial injury on 01-06-2010. Mechanism of injury was a driving injury. Diagnoses include failed back syndrome, low back pain and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, status post L5-L5 and L5-S1 lumbar back surgery, medial branch block at the L5-L5 and L5-S1 level, epidural steroid injections, physical therapy, home exercise. An Electromyography and Nerve Conduction Velocity done on 10-28-2015 showed bilateral mild chronic L5 and S1 radiculopathy with the left side slightly worse than the right, with chronic neurogenic changes, and no evidence of peripheral neuropathy. He is not working due to no modified work available, so he will be kept on temporary total disability. A physician progress note dated 05-28-2015 documents the injured worker notes he has some pain during bending and stooping activities. He rates his pain as 6 out of 10 on the pain scale. He is locally tender over the scar area in the midline. There is mild tenderness at paraspinal lumbar area. There is not lumbar spasm, or sciatic notch tenderness. Lumbar range of motion is limited and painful. There is hypersensitivity of the skin over the left lower limb, mostly over the posterolateral thigh and calf area. Treatment requested is for Radiofrequency thermal coagulation at bilateral 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:

Radiofrequency thermalcoagulation at bilateral L4-L5 and L5-S1: 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), Low Back, Facet joint radiofrequency neurotomy.

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 chapter and pg 40.

Decision rationale: According to the guidelines, 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. In this case, facet ablations are to be done after medial branch blocks. In addition, MBB are only to be done if there is no evidence of radiculopathy. In this case, the claimant has had an ESI and prior diagnostics consistent with radiculopathy. In addition, the facet ablations are under study. The request for the ablation is not medically necessary.