MAXIMUS Federal Services

Case Number:	CM15-0140096		
Date Assigned:	07/29/2015	Date of Injury:	07/06/2005
Decision Date:	08/26/2015	UR Denial Date:	07/07/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old male who sustained an industrial injury on 07-05-05. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, lumbar epidural steroid injections, and facet blocks and radiofrequency ablation on the left at L3-S1, as well as 6 recent physical therapy sessions. Diagnostic studies include MRIs of the lumbar spine in 2004 and 2006, as well as electrodiagnostic studies of the bilateral lower extremities in 2008. Current complaints include continued chronic pain across the low back associated with stiffness. Current diagnoses include lumbago, chronic pain syndrome, lumbosacral spondylosis essential hypertension, and dysthymic disorder. In a progress note dated 06/23/15 the treating provider reports the plan of care as right sided radiofrequency ablation from L3-S1 with facet blocks, as well as home exercise program. The requested treatment includes right sided radiofrequency ablation from L3-S1 with facet blocks under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3, 4, 5 medial branch radiofrequency lesioning under fluoroscopy: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back, Radiofrequency Ablation, pages 300-301.

Decision rationale: The patient has undergone multiple previous medial branch blocks and RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial for any new injury, acute flare-up, or progressive clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Guidelines criteria for repeating the procedure includes at least 50% improvement for at least 12 weeks duration, not demonstrated here. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage and medical utilization or an increase in ADLs and function to repeat procedures for this chronic 2005 injury. The Right L3, 4, 5 medial branch radiofrequency lesioning under fluoroscopy is not medically necessary and appropriate.