

Case Number:	CM15-0140244		
Date Assigned:	07/30/2015	Date of Injury:	03/23/2010
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
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 57 year old female, who sustained an industrial injury on 03-23-2010. On provider visit dated 06-09-2015 the injured worker has reported pain across the low back, bilateral hips and down the outer aspect of the bilateral thighs to the knees. On examination of the lumbar spine revealed guarding and slow movement. Range of motion was limited. There was noted diffused tenderness of the lumbar-sacral junction and had difficulty changing positions. The diagnoses have included status post laminectomy and decompression L4-L5 and L5-S1 on 06-13-2006, secondary to disc protrusion L4-L5 and L5-S1 to right with radiculopathy. Moderate to severe disc collapse L5-S1 with recurrent disc herniation and facet arthropathy, intractable back pain and chronic radiculopathy. Status post permanent implant of spinal cord stimulator with paddle leads 09-2014. Treatment to date has included medications, lumbar facet blocks, radiofrequency ablations and medial branch blocks. The provider requested one (1) right RFA (radiofrequency ablation) medial branch block at L4, L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right RFA (radiofrequency ablation) medial branch block at L4, L5 and S1:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per Guidelines, 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 without evidence of radicular findings not met here with continued radiating low back pain, radicular findings, and MRI findings without clear facet arthropathy s/p spinal cord stimulator with chronic radiculopathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration from any blocks for this chronic injury. The One (1) right RFA (radiofrequency ablation) medial branch block at L4, L5 and S1 is not medically necessary and appropriate.