

Case Number:	CM15-0142445		
Date Assigned:	08/03/2015	Date of Injury:	09/09/2011
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63 year old female who sustained an industrial injury on 09-09-11. Initial complaints and diagnoses are not available. Treatments to date include medications, TENS unit, and bilateral L5-S1 medial nerve blocks, which provided 50% pain relief for 4-6 hours. Diagnostic studies are not addressed. Current complaints include lower back pain with bilateral leg symptoms. Current diagnoses include severe degenerative disc disease and moderate facet spondylosis of the lumbar spine and degenerative spondylolisthesis associated with bilateral lower extremity radiculitis, sciatica and obesity. In a progress note dated 06-01-15 the treating provider reports the plan of care as a lumbar epidural steroid injection and lumbar radiofrequency ablation at L4-S1. The requested treatments include a lumbar epidural steroid injection and lumbar radiofrequency ablation at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 radiofrequency procedure Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work-related injury in September 2011 and is being treated for low back pain with lower extremity radiating symptoms. Lumbar medial branch blocks were done in January 2015 with a reported 50-60% decreased in pain. A lumbar epidural steroid injection in 2013 is referenced as providing some positive results. When seen, her BMI was over 38. There was a short, shuffling, and slow gait with use of a cane. There was decreased lumbar spine range of motion. Straight leg raising was positive. There was restriction of the hamstring muscles. Lumbar medial branch radiofrequency ablation and a repeat epidural steroid injection were requested. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks that result in at least a 70% decrease in pain for the duration of the anesthetic. In this case, there was less than 70% pain relief after the procedure performed in January 2015 and therefore the diagnostic blocks were negative. The requested medial branch radiofrequency nerve ablation does not meet the applicable criteria and is not considered medically necessary.

One lumbar epidural steroid injection Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in September 2011 and is being treated for low back pain with lower extremity radiating symptoms. Lumbar medial branch blocks were done in January 2015 with a reported 50-60% decreased in pain. A lumbar epidural steroid injection in 2013 is referenced as providing some positive results. When seen, her BMI was over 38. There was a short, shuffling, and slow gait with use of a cane. There was decreased lumbar spine range of motion. Straight leg raising was positive. There was restriction of the hamstring muscles. Lumbar medial branch radiofrequency ablation and a repeat epidural steroid injection were requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the degree and duration of any pain relief following the previous injection is not documented. The requested repeat lumbar epidural steroid injection was not medically necessary.

Bilateral L5-S1 radiofrequency procedure Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work-related injury in September 2011 and is being treated for low back pain with lower extremity radiating symptoms. Lumbar medial branch blocks were done in January 2015 with a reported 50-60% decreased in pain. A lumbar epidural steroid injection in 2013 is referenced as providing some positive results. When seen, her BMI was over 38. There was a short, shuffling, and slow gait with use of a cane. There was decreased lumbar spine range of motion. Straight leg raising was positive. There was restriction of the hamstring muscles. Lumbar medial branch radiofrequency ablation and a repeat epidural steroid injection were requested. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks that result in at least a 70% decrease in pain for the duration of the anesthetic. In this case, there was less than 70% pain relief after the procedure performed in January 2015 and therefore the diagnostic blocks were negative. The requested medial branch radiofrequency nerve ablation does not meet the applicable criteria and is not considered medically necessary.