

Case Number:	CM15-0147298		
Date Assigned:	08/10/2015	Date of Injury:	12/22/2009
Decision Date:	09/14/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female who sustained an industrial/work injury on 12-22-09. She reported an initial complaint of low back pain. The injured worker was diagnosed as having cervicalgia and lumbago and lumbar radiculopathy. Treatment to date includes medication, epidural steroid injections, medial branch block, and prior radiofrequency ablation procedures. MRI results were reported on 4-17-15. Currently, the injured worker complained of low back pain that radiated to the right lower extremity to the dorsum of the right foot. Per the primary physician's report (PR-2) on 6-30-15, exam demonstrates that the strength in the right lower extremity is adequate and numbness is evident. The requested treatments include Lumbar Radiofrequency Ablation at L4-5 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 at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low

Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for Lumbar Radiofrequency Ablation at L4-5 and L5-S1, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency, neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Guidelines go on to state while repeat neurotomies may be required. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. 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. Within the documentation available for review, the physician has documentation of reduction in pain from the last radiofrequency ablation. Unfortunately, there is no documentation of objective functional improvement or decreased medication use because of the last radio frequency ablation. In the absence of clarity regarding his issues, the currently requested Lumbar Radiofrequency Ablation at L4-5 and L5-S1 is not medically necessary.