

Case Number:	CM15-0169995		
Date Assigned:	09/10/2015	Date of Injury:	10/17/2010
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 40-year-old female who sustained an industrial injury on 10/17/10. The mechanism of injury was not documented. Past medical history was positive for anemia, neutropenia, deep vein thrombosis, and bilateral pulmonary emboli. Past surgical history was positive for lumbar fusion from L4 to S1 on 5/4/11, and anterior posterior L4/5 and L5/S1 fusion on 6/24/14 with removal of old hardware and insertion of a new spacer. Current medications included Fentanyl patches, Dilaudid, Xarelto, Gabapentin, Zofran, Viibryd, Klonopin, Ativan, Ritalin, and Zanaflex. Records indicated that a medial branch block had been performed on 8/3/15 with pre-procedure pain 10/10 and post-procedure pain ranging from 1-5/10 for the next 12 hours. The 8/4/15 treating physician report indicated that the bilateral L2/3 medial branch blocks helped significantly up to 80% for her upper back pain, but she felt severe low back pain and spasms. She had increased left leg pain and was diagnosed with a new deep vein thrombosis two months ago. The diagnosis included post laminectomy syndrome of the lumbar spine, radicular syndrome of the lower limbs, constipation due to slow transit, polysubstance dependence and muscle spasms. Medication management was documented. Authorization was requested for lumbosacral radiofrequency ablation with sedation. The 8/18/15 utilization review non-certified the request for lumbosacral radiofrequency ablation and sedation as there was no current exam notes from the treating physician, no clinical findings to suggest a facetogenic etiology of pain, and no indication how long the medial branch block relief lasted, and no indication why she would require sedation. Review of the progress reports submitted since 11/20/14 did not document specific lumbar exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral Radiofrequency: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain for in patients with previous fusion procedure at the planned injection level. Guideline criteria have not been met. This injured worker presents with severe low back pain with radicular pain syndrome. She was status post fusion at L4-S1. There are no current physical exam findings consistent with facet mediated pain. There is limited documentation of the medial branch block response to evidence at least 70% relief for 2 hours. Additionally, this request for lumbosacral radiofrequency lacks the specificity of planned injection level to allow for determine of medical necessity. Therefore, this request is not medically necessary.

Associated Surgical Services: Sedation (for lumbosacral radiofrequency): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.