

Case Number:	CM15-0184152		
Date Assigned:	09/24/2015	Date of Injury:	04/02/2014
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 66 year old male, who sustained an industrial-work injury on 4-2-14. She reported initial complaints of neck, trigger finger, knee, back, and wrist pain. The injured worker was diagnosed as having cervical facet syndrome, cervical pain, hand pain, knee pain, low back pain, lumbar facet syndrome, and right wrist pain. Treatment to date has included medication, radiofrequency ablation on 8-26-15, surgery (de Quervain's release of right trigger finger on 2-11-15), home exercise program, and diagnostics. Currently, the injured worker complains of pain in the back and right buttock radiating into the posterior right leg and calf, pain in the medial anterior joint line of the right knee, right left retro orbital headaches, right wrist and hand pain, and periodic numbness from the right buttock to the posterior aspect of the right calf. Pain is rated 5 out of 10 with medication and 7 out of 10 without mediation. Quality of sleep is good. Per the primary physician's progress report (PR-2) on 9-4-15, there was some stiffness status post radiofrequency ablation procedure, along with decreased activity level. The Request for Authorization requested service to include Lumbar radiofrequency ablation at L5-L5 and L5-S1, right side. The Utilization Review on 9-14-15 denied the request for Lumbar radiofrequency ablation due to lack of documentation to reflect on functional benefits per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Low Back Complaints 2004 and Official Disability Guidelines (ODG) Low Back Procedure Summary last updated 7/17/15- Facet joint radiofrequency neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation at L5-L5 and L5-S1, right side: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary last updated 7/17/15- 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, facet RFA.

Decision rationale: Per the primary physician's progress report (PR-2) on 9-4-15, there was some stiffness status post radiofrequency ablation procedure, along with decreased activity level. The Request for Authorization requested service to include Lumbar radiofrequency ablation at L5-L5 and L5-S1, right side. ODG guidelines support (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. The medical records provided for review do not indicate physical examination findings consistent with facet mediated pain. There is no documentation of quantitative degree of pain improvement or duration in support of congruence with ODG guidelines for repeat RFA. As such RFA is not medically necessary.