

Case Number:	CM15-0192770		
Date Assigned:	10/06/2015	Date of Injury:	06/02/2014
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 2, 2014. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for a multilevel lumbar radiofrequency ablation procedure. An RFA form received on September 11, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of low back pain radiating to the anterior thighs. The applicant had received multilevel medial branch blocks on December 26, 2014, it was reported. 7-9/10 pain was reported. The applicant worsened, it was reported. The applicant apparently failed work conditions, it was stated in one section of the note. Well-preserved motor function was noted. The applicant was given diagnosis of low back pain reportedly attributed to facet arthropathy. The applicant was asked to cease smoking. The applicant was placed off of work. A lumbar radiofrequency ablation procedure was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 Medial Branch Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
 Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 347, Table 2: Summary of Recommendations by Low Back Disorder, Radicular Pain Syndromes (including sciatica) (continued) - Not Recommended, Radiofrequency neurotomy, neurotomy, and facet rhizotomy (C).

Decision rationale: No, the proposed bilateral L3, L4, and L5 medial branch radiofrequency ablation procedure is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, page 301 notes that facet neurotomies (AKA medial branch radiofrequency ablation procedures) should only be performed after appropriate investigations involving the diagnostic medial branch blocks, this recommendation is contravened by more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Low Back Chapter, which notes that radiofrequency neurotomy and facet rhizotomy procedures (i.e. procedures essentially analogous to the medial branch radiofrequency ablation procedure at issue here) are not recommended in the treatment of claimants who carry a diagnosis of radicular pain syndrome or sciatica, as was seemingly present here, on or around the date in question. The claimant was described on September 8, 2015 as having ongoing complaints of low back pain radiating to the thighs, suggestive or evocative of lumbar radiculitis/lumbar radiculopathy process for which radiofrequency ablation procedure such as the one in question are deemed not recommended, per the Third Edition ACOEM Guidelines Low Back Disorders Chapter on page 347. Therefore, the request is not medically necessary.