

Case Number:	CM15-0023402		
Date Assigned:	02/13/2015	Date of Injury:	11/30/2009
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 47-year-old [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 30, 2009. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve requests for lumbar epidural steroid injection therapy and a lumbar radiofrequency ablation procedure. The claims administrator referenced a January 9, 2015 progress note in its determination. On January 10, 2015, the applicant reported persistent complaints of low back pain, shoulder pain, neck pain, hip pain, thigh pain, calf pain, and foot pain. The applicant was using Norco and Motrin for pain relief. The applicant had not been able to return to work. The applicant had remained depressed. The applicant was unable to do activities of daily living as basic as housecleaning, walking, and household chores. The applicant was kept off of work. Limited lumbar range of motion was noted. The attending provider stated that the applicant had tenderness over the facet joints. The applicant was kept off of work while Norco, Motrin, epidural steroid injection therapy, and a lumbar radiofrequency ablation procedure were proposed. It was stated that the applicant had had a previous radiofrequency ablation procedure back in 2012. The attending provider did not clearly state whether the applicant had or had not had previous epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation lumbar spine (L4-L5): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints 301.

Decision rationale: 1. No, the proposed lumbar radiofrequency ablation procedure (AKA facet neurotomy procedure) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomy/lumbar radiofrequency ablation procedures produce "mixed results." Here, the applicant has already received at least one prior radiofrequency ablation procedure, despite the tepid ACOEM position on the same. The applicant has, however, failed to respond favorably to the same. The applicant has failed to return to work. The applicant had severe pain complaints evident on January 9, 2015. The attending provider acknowledged that it was unlikely that the applicant would ever return to workplace and/or workforce. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of at least one set of prior lumbar radiofrequency ablation procedures. Therefore, the request for repeat lumbar radiofrequency ablation procedure at L4-L5 was not medically necessary.

Radiofrequency ablation lumbar spine (L5-S1): 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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Low Back Complaints 301.

Decision rationale: 2. Similarly, the request for a radiofrequency ablation procedure at L5-S1 was likewise not medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomy/lumbar radiofrequency ablation procedures produce "mixed results." Here, the applicant has already received one set of lumbar radiofrequency ablation procedure, despite the tepid ACOEM position on the same. The applicant has, however, failed to demonstrate a favorable response to the same. The applicant was/is off of work, on total temporary disability, despite receipt of one set of earlier radiofrequency ablation procedure. The applicant remains dependent on opioid agents such as Norco. The applicant continues to report severe pain complaints. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of at least one set of lumbar radiofrequency ablation procedures. Therefore, the request for a repeat radiofrequency ablation procedure at L5-S1 was not medically necessary.

Epidural steroid injection (ESI) lumbar spine: Upheld

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

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

Decision rationale: 3. Finally, the request for an epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injection are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that evidence of radiculopathy should be radiographically and/or electrodiagnostically confirmed. Here, however, there was/is no clear or compelling evidence of radiculopathy. The attending provider did not, furthermore, clearly state whether the applicant had or had not had previous epidural steroid injection therapy, nor did the attending provider make any attempt to reconcile his concurrent request for epidural steroid injection therapy and lumbar radiofrequency ablation procedures. Therefore, the request was not medically necessary.