

Case Number:	CM15-0026944		
Date Assigned:	02/19/2015	Date of Injury:	09/26/2007
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 55 year old female, who sustained an industrial injury on 9/26/2007. She has reported back and neck pain with lifting and bending fifty pound packages. The diagnoses have included multilevel disc bulge cervical and lumbar spine, lumbar facet syndrome, low back pain and depression. She is status post right rotator cuff repair 2006. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, cortisone injections and acupuncture. Three prior medial branch blocks were documented to provider 75% pain relief. Currently, the IW complains of continued neck and right arm pain as well as low back pain with radiation to lower extremity. Pain was rated 7/10 with medication and 9/10 without medication. On 11/21/14, physical examination documented restricted Range of Motion (ROM) of cervical spine, restricted Range of Motion (ROM) with lumbar spine, and positive straight leg and Lumbar facet loading tests on right side. Right shoulder was documented to have restricted internal rotation and positive Hawkins test with tenderness on palpation of bicep groove. On 1/23/2015 Utilization Review non-certified a lumbar radiofrequency ablation L3-L5, noting the documentation did not support that the guidelines had been met for medical necessity. The ACOEM Guidelines were cited. On 2/12/2015, the injured worker submitted an application for IMR for review of lumbar radiofrequency ablation L3-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Radiofrequency Ablation L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiofrequency Neurotomy.

Decision rationale: ODG state that that RFL may be pursued after a positive diagnostic medial branch block.; 70% relief for at least 2 hours with lidocaine. Repeat RFL should not occur at an interval of less than 6 months from the prior procedure and the prior procedure should have a duration of pain relief of at least 12 weeks at 50% relief. No more than 3 procedures in a one year period. No more than two joint levels are to be performed at one time. Repeat RFL depends on evidence of improvement in pain, decreased medications and documented improvement in function. According to the documents available for review, the patient sustained 75% pain relief for 3 hours post diagnostic block and has attempted conservative treatment. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.