

Case Number:	CM15-0030712		
Date Assigned:	02/24/2015	Date of Injury:	04/19/2009
Decision Date:	04/07/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/19/2015

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: New York

Certification(s)/Specialty: Internal 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:

This 48 year old female sustained an industrial injury on 4/19/09. She subsequently reports ongoing neck pain with symptoms radiating to the right shoulder and upper extremity. Diagnoses include intervertebral lumbar disc disorder with myelopathy. The injured worker has undergone cervical spine surgery. Treatments to date have included physical therapy, activity moderation, injections, and chiropractic care, acupuncture and prescription pain medications. On 2/4/15, Utilization Review non-certified a request for bilateral L4-5, L5-S1 radiofrequency ablation under IV sedation. The bilateral L4-5, L5-S1 radiofrequency ablation under IV sedation was denied based on non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 radiofrequency ablation under IV sedation: Upheld

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

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

Decision rationale: According to the ODG, the criteria for the use of therapeutic medial branch blocks are as follows: 1) no more than one therapeutic intra-articular block is recommended. 2) There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3) If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block (MMB) is positive). 4) No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar spinal stenosis and possible radiculopathy, which do not meet ODG recommendations for facet joint blocks or to be followed by facet joint rhizotomy. The documentation indicated that the patient did undergo a prior MBB at bilateral L4-L5/L5-S1 however she did not obtain pain relief of at least 50%, for duration of at least 6 weeks. Temporary or prolonged abolition of the pain suggests that the facet joint (s) are the source of the symptoms and appropriate for treatment. Medical necessity for the requested service has not been established. Therefore, the requested service is not medically necessary.