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| Case Number: | CM15-0032397 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 04/27/2004 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old male who sustained an industrial injury on 04/27/2014. The injury was noted to be a back injury. He presents on 01/22/2015 (only record in the submitted records) for follow up of low back pain and pain in his legs. He states leg pain is worse with involuntary movements in his legs. Physical exam revealed paresthesia down his legs, which was unchanged in location but was more intense. Treatments to date include epidural steroid injection, right lumbar 2-5 medial branch high temperature radio frequency lesioning and medications. Diagnoses include failed back, lumbar; degenerative lumbar/lumbosacral IV disc, lumbar radiculopathy and lumbar spondylosis. Plan of care included medications, lumbar 2, 3, and 4 radio-frequency ablations and lumbar 4-5 epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 transforaminal epidural steroid injections every 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: According to the 01/22/2015 report, this patient presents with 6-7/10 low back pain with leg pain that is getting worse. The current request is for L4-5 transforaminal epidural steroid injections every 6 months. The treating physician states the patient "like to repeat the ESI since his legs are worse and I agree to this." The Utilization Review denial letter states, "There were no imaging studies provided for review that would correlate with recent physical examination findings of an active radiculopathy at any level in the lumbar spine." The request for authorization and the patient's work status are not included in the file for review. For repeat injections, MTUS requires "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Based on the one report provided for review indicates that the patient has had an ESI in the past; the date of the procedure not mentioned in the provided report. In this case, there is no documentation following the previous injections to verify that the patient indeed experienced reduction of pain with functional improvement. Without documentation of pain reduction and functional improvement as required by MTUS, repeat ESI are not supported. Therefore, the requested repeat ESI every 6 month are not medically necessary.

Bilateral L2, L3, L4 high temperature radio-frequency ablations every 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guideline Premium.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, RF ablation.

Decision rationale: According to the 01/22/2015 report, this patient presents with 6-7/10 low back pain with leg pain that is getting worse. The current request is for Bilateral L2, L3, L4 high temperature radio-frequency ablations every 6 months but the treating physician's report containing the request is not included in the file. For repeat injections during therapeutic phase, documented improvement in VAS score, decreased medications and documented improvement in function at least 50% pain relief for at least 12 week, with a general recommendation of no more than 3 blocks per year. Based on the one report provided for review, there is no mention that the patient had a diagnosis of facet joint pain using a medial branch block as required by the ODG guidelines. In this case, the treating physician is requesting for RFA every 6 months without documentation of pervious a medial branch block of L2, L3 and L4. Furthermore, ODG guidelines do not support repeat injection without documentation of pain relief for at least 12 weeks at 50% relief from the first procedure. Therefore, the requested radio-frequency ablations every 6 months are not medically necessary.