

Case Number:	CM15-0036820		
Date Assigned:	03/05/2015	Date of Injury:	05/26/2012
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological Surgery

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 30-year-old female who reported an injury on 05/26/2012. The injured worker was reportedly struck by a vehicle. The current diagnoses include lumbar degenerative disc disease with radicular symptoms, lumbar spondylosis, lumbar sprain/strain with myofascial pain and tenderness, bilateral sacroiliac joint arthropathy, and bilateral knee pain status post right knee arthroscopy in 05/2013. The injured worker presented on 01/22/2015 for a follow-up evaluation with complaints of persistent low back pain and bilateral knee pain. It was noted that the injured worker was status post lumbar epidural steroid injection x3 for radiating pain into the lower extremities. The injured worker was also status post L4-5 and L5-S1 medial branch block on 01/12/2015 with 70% improvement of symptoms. Upon examination, there was tenderness to palpation in the lumbar paraspinal muscles and lumbosacral area, diminished patellar and Achilles reflexes bilaterally, 4/5 motor weakness, positive straight leg raise at 40 degrees on the left, and positive faber testing with pain over the facet joints upon lumbar extension. Range of motion of the lumbar spine was documented at 70-degree flexion, 30-degree extension, 30-degree right and left tilt, and 20-degree right and left rotation. There was palpable muscle spasm present in the lumbar spine, as well. Recommendations included a lumbar radiofrequency ablation at the bilateral L4-5 and L5-S1 levels. The injured worker was also given a refill of the current medication regimen of Norco and tizanidine. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 radiofrequency ablation of the medial branch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment Integrated Treatment/Disability Duration Guidelines, Facet joint radiofrequency neurotomy - Low Back chapter.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joints nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, the provider noted a 70% improvement in the injured worker's symptoms following diagnostic lumbar facet injections. However, there is no documentation of objective functional improvement following the procedure. There is also no indication of an exhaustion of conservative management prior to the request for an invasive procedure. The injured worker has signs and symptoms suggestive of lumbar radiculopathy. Given the above, the medical necessity for a lumbar radiofrequency ablation has not been established in this case. As such, the request is not medically necessary.

Follow-up evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's invasive procedure has not been authorized, the associated request for a follow-up evaluation is not medically necessary.