

Case Number:	CM15-0039571		
Date Assigned:	03/09/2015	Date of Injury:	05/28/2012
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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, New York, 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 58-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 20, 2012. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for a lumbar radiofrequency ablation procedure. The claims administrator referenced an RFA form received on February 10, 2015 in its determination. A February 9, 2015 progress note was also referenced. In a medical-legal evaluation dated November 20, 2014, the applicant reported ongoing complaints of low back pain. The applicant had received multiple injections in 2013 with no benefit, it was suggested. The medical-legal evaluation acknowledged that the applicant was off of work. The medical-legal evaluator noted that the applicant's pain complaints were predominantly axial. The medical-legal evaluator noted that the applicant had undergone earlier lumbar radiofrequency ablation procedures on October 18, 2013 and on October 21, 2013. The medical-legal evaluator also noted that the applicant had received trigger point injections at various points in time. On December 10, 2014, the attending provider noted that the applicant had low back pain radiating to the bilateral lower extremities. The applicant's medication list included Flexeril, Neurontin, methadone, Naprosyn, and tramadol. Multilevel medial branch blocks were proposed under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation, Lumbar medial branch nerve, bilateral L3-L4, L4-L5 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter, facet joint diagnostic blocks (injections).

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

Decision rationale: No, the request for a multilevel lumbar radiofrequency ablation procedure was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomies (AKA radiofrequency ablation procedures) should be performed only after appropriate investigation involving diagnostic medial branch blocks. Here, the applicant has had both diagnostic medial branch blocks and earlier lumbar radiofrequency ablation procedure in 2013. The applicant has, however, failed to respond favorably to the same. The applicant remains off of work. Permanent work restrictions were imposed by a medical-legal evaluator in late 2014. The applicant remains dependent on a variety of medications, including opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier radiofrequency ablation procedures. Therefore, the request for a repeat lumbar radiofrequency ablation procedure was not medically necessary.