

Case Number:	CM15-0048187		
Date Assigned:	03/20/2015	Date of Injury:	10/08/2008
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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 60 year old female, who sustained an industrial injury in January, 2007. She reported pain in the back radiating to the lower extremities. The injured worker was diagnosed as having chronic pain syndrome, bilateral lower back pain worse on the left, low back stiffness and pain radiating from the lower back into the lower extremities, worse on the left. Treatment to date has included radiographic imaging, diagnostic studies, multiple bilateral transforaminal steroid injections, facet joint blocks, radiofrequency ablation, physical therapy, medications and work restrictions. Currently, the injured worker complains of pain in the back radiating to the lower extremities worse on the left. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 6, 2015, revealed continued pain. Repeat radiofrequency ablation under fluoroscopy guidance was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left L3,L4, L5 radiofrequency lesioning under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter.

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, Facet joint radiofrequency neurotomy.

Decision rationale: Per the 02/06/15 report the patient presents with bilateral lower back pain worse on the left with pain down the outside of the left leg with tingling sensation in the left leg all the way to the foot. Pain is rated 5-8/10 with increased medication use and decreased function. The treating physician states the patient demonstrates bilateral facet joint generated pain and is positive for facet loaded pain and left lower lumbar region. Examination shows SLR positive bilaterally and facet tenderness on the left lumbar facets. The patient's diagnoses include: Chronic Pain Syndrome, Disc displacement with radiculitis lumbar and Lumbosacral spondylosis without myelopathy. The current request is for REPEAT LEFT L3, L4, L5 RADIOFREQUENCY LESIONING UNDER FLUOROSCOPY GUIDANCE. The RFA included is dated 02/05/15. The reports do not state if the patient is working. ODG, Low Back Chapter, Facet joint radiofrequency neurotomy, under Criteria of use states, "Approval of repeat neurotomies depends of variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement is function." The 02/06/15 report cites RFA lessening left L3, L4, L5 on 05/05/14 following 03/10/14 diagnostic MBB. The RFA provided 70% pain relief to the back and 100% pain relief to the leg lasting 8 months which improved quality of life activities and decreased use of medication. Reports from 09/10/14 and 11/10/14 show decreased medication use and usual pain of 2-3/10. However, no VAS scores are provided for the period prior to the 05/05/14 RFA. No specific ADLs are mentioned that show improved function nor is specific medication use provided. In this case, only general statements of improved function and medication use are provided. The request IS NOT medically necessary.