

Case Number:	CM15-0050158		
Date Assigned:	03/23/2015	Date of Injury:	01/01/1996
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 62 year old male, who sustained an industrial injury on 10/1/96. He reported back injury. The injured worker was diagnosed as having lumbar spine pain. Treatment to date has included physical therapy and radiofrequency ablation. Currently, the injured worker complains of continued pain with radiate to left hip. In the past radiofrequency ablation has been helpful in relieving the pain. The treatment plan included radiofrequency ablation of L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300 and 309, also 9792.20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for radiofrequency ablation at L5-S1, Chronic Pain Medical Guidelines state that lumbar facet neurotomies reportedly produce mixed results. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with lumbar pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, there is no indication that successful diagnostic blocks have been performed. Additionally, there is no statement indicating that the patient has tried and failed conservative treatments such as NSAIDs or a home exercise program. Finally, there is a subjective complaint indicating radiculopathy. In the absence of clarity regarding these issues, the currently requested radiofrequency ablation at L5-S1 is not medically necessary.