

Case Number:	CM15-0050233		
Date Assigned:	03/23/2015	Date of Injury:	08/24/1988
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
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

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 67 year old female, who sustained an industrial injury on 8/24/98. She reported back injury. The injured worker was diagnosed as having lumbar spondylosis, low back pain, lumbar degenerative disc disease and radicular pain of right lower extremity. Treatment to date has included radiofrequency ablation of medial branch nerves to L3-4, L4-5 and L5-S1, oral medications and physical therapy. Currently, the injured worker complains of bilateral low back pain. In the progress note dated 1/21/15 it is stated the injured worker received significant benefit from previous radiofrequency ablation. Tenderness is noted on palpation of lumbar paraspinous area and right greater trochanter area. The treatment plan consists of physical therapy, oral medications and radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Radiofrequency ablation (RFA) both sides L2, L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy.

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: According to the 03/03/2015 report, this patient presents with back pain. The current request is for Repeat Radiofrequency ablation (RFA) both sides L2, L3, L4, L5. The request for authorization is on 03/05/2015. The patient's work status was not mentioned in the provided report. Based on the medical reports provided for review, the treating physician states the patient underwent radiofrequency ablation at L3-4, L4-5 and L5-S1 nerves bilaterally in the Spring of 2013. "The procedure gave significant benefit. For just under one year she experienced greater than 80% improvement of her low back pain. Then the following spring some low back pain began to return." Regarding Repeat Radiofrequency ablation, the ODG guidelines states "While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period." In this case, the treating physician documented that the patient had pain relief for almost a year with greater than 80% improvement from the previous procedure. A repeat neurotomies appears reasonable. However, the request is for L2, L3, L4, L5 (4 levels) which exceed what is allowed per ODG guidelines. The ODG suggested "no more than two joint levels should be treated." The medical necessity for this request cannot be substantiated at this time; therefore, this request IS NOT medically necessary.