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| Case Number: | CM15-0056047 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 10/18/2011 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 75 year old female, who sustained an industrial injury on 10/18/2011. She reported an injury to her left buttock and was diagnosed with a coccyx contusion. The injured worker is currently diagnosed as having coccydynia, lumbar spondylosis, lumbago, lumbar degenerative disc disease, and lower extremity muscle spasms. Treatment to date has included lumbar surgery status post L4-5 laminectomies and posterior fusion on 7/30/14, physical therapy, lumbosacral MRI, lumbar epidural steroid injections, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of back pain with lower extremity radicular pain, which travels posteriorly down the leg and to the top of her left foot with paresthesia. In the right, she has numbness in a similar pattern. According to the application, Independent Medical Review has been requested for lumbar radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation (Lumbar) L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Facet joint diagnostic blocks (injections);Facet joint pain, signs & symptoms;Facet joint radiofrequency neurotomy.

Decision rationale: Radiofrequency ablation (Lumbar) L4-5, L5-S1 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that radiofrequency ablation (Lumbar) L4-5, L5-S1 lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that the criteria for use of facet joint radiofrequency neurotomy includes that treatment requires a diagnosis of facet joint pain using a medial branch block. These blocks are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. Additionally, diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The documentation reveals that the patient has had a previous fusion at the proposed injection level and that the patient's symptoms are radicular and not pure facetogenic. The request for radiofrequency ablation (Lumbar) L4-5, L5-S1 is not medically necessary.