

Case Number:	CM15-0060068		
Date Assigned:	04/06/2015	Date of Injury:	06/26/1999
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53 year old male, who sustained an industrial injury on June 26, 1999. The injured worker reported low back pain. The diagnoses have included lumbosacral spondylosis, lumbalgia, disorders sacrum, opioid type dependence, unspecified thoracic/lumbar neuritis of radiculitis, lumbar radiculopathy and failed lumbar back surgery syndrome. Treatment to date has included medications, ice treatment, rest, lumbar radiofrequency ablation and a lumbar laminectomy. Most current documentation dated April 22, 2014 notes that the injured worker reported constant chronic low back pain rated at a five out of ten on the visual analogue scale. Physical examination of the lumbar spine revealed tenderness to palpation of the lumbar paraspinous area and a decreased range of motion in all planes. The pain was noted to be decreased with ice and medications. The documentation notes that the injured worker had a lumbar radiofrequency ablation in the past, which decreased his pain and improved function. The treating physician's plan of care included a request for a right lumbar three, lumbar four, lumbar five-radiofrequency ablation, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3, L4, L5 radiofrequency ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: ODG states: Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) 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. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The medical documents provided indicate this patient has a diagnoses of radiculitis, guidelines recommend against the use of this treatment with this diagnosis. Additionally, the medical documentation provided indicates this patient has had 2 previous ablations, the most recent one date is unknown. The treating physician has not provided documentation of pain reduction or duration of pain relief. As such, the request for Right L3, L4, L5 radiofrequency ablation is not medically necessary.