

Case Number:	CM14-0001418		
Date Assigned:	01/22/2014	Date of Injury:	07/20/2005
Decision Date:	08/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old female with a 7/20/2005 date of injury. The exact mechanism of injury has not been described. On 10/18/2012 patient had a radiofrequency ablation to the left medial branch nerves L3-4, L4-5, L5-S1. A post procedure follow up call document by [REDACTED] dated 10/24/2012 states that patient has 30 % relief with a pre-op VAS Score of 6 out of 10 now improved to 0 out of 10. VAS scores on subsequent progress notes are as follows: 12/10/2012 VAS 4-5/10, 1/7/2013 VAS 6/10, 2/4/2013 VAS 5/10, and 3/4/2013 VAS 4/10. Specific percentage improvement were not documented in the progress notes. Patient has continued to be prescribed medications including Lyrica, Oxycodone, Oxycontin, and Soma. Objective: Unable to sit comfortably. Tenderness to palpation to left lumbar facet joints, left SI joint and trochanter. Pain with extension to the left lumbar. Straight leg raising negative bilaterally. Diagnostic Impression: Left lumbar facet pain Treatment-to-date: Medication Management, Massage, TENS unit, A UR decision dated 12/19/2013 denied the decision for left lumbar radiofrequency at L4-5 and L5-S1 and the decision for 1 office visit. Although patient notes improvement in quality of life, the continue use of Lyrica, Oxycodone, Oxycontin and Soma do not support a significant functional gain to justify repeating the procedure. Furthermore the guidelines states there should be a formal plan of conservative treatment in addition to facet joint therapy which was not demonstrated. Therefore, the recommendation for left lumbar radiofrequency at L4-5 and L5-S1 was non-certified. Given that radiofrequency was not warranted, the medical necessity for 1 outpatient visit is not substantiated. Therefore, the decision for one office visit is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR RADIOFREQUENCY AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, FACET JOINT RADIOFREQUENCY NEUROTOMY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines CA MTUS 9792.23.5. Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Low Back Chapter.

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. Patient did not demonstrate an improvement in the VAS Score post radiofrequency ablation. In addition, the continue use of Lyrica, Oxycontin, Oxycodone, and Soma does not support the significant functional gain to justify repeating the procedure. Furthermore a formal plan of conservative treatment in addition to facet joint therapy was not demonstrated. Therefore, the decision for left lumbar radiofrequency at L4-5 and L5-S1 was not medically necessary.

ONE OFFICE VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: PAIN CHAPTER, OFFICE VISITS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter Office Visits.

Decision rationale: CA MTUS does not apply. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through

self care as soon as clinically feasible. Given the radiofrequency was not warranted, the request for 1 office visit was not medically necessary.