

Case Number:	CM14-0120274		
Date Assigned:	09/16/2014	Date of Injury:	05/20/2003
Decision Date:	12/03/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Medicine 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 55-year-old female patient who reported an industrial injury on 5/20/2003, over 11 years ago, attributed to the performance of her usual and customary job tasks reported as a slip and fall. The patient reported an exacerbation injury on 1/11/2004. The patient complains of left shoulder pain; lower back pain; coccygeal symptoms. Patient is also diagnosed with fibromyalgia syndrome. The patient is status post Kyphoplasty of T10 and T11 performed on 4/8/2014. The patient reports pain levels of 9/10 without medications and 6/10 with the prescribed medications. The patient is being prescribed Norco 10/Sen. 25 mg maximum five per day and Topamax. Electrodiagnostic studies documented evidence of an L5-S1 radiculopathy with no surgical intervention contemplated. Physical examination did not document any objective findings to the lumbar spine and no functional assessment was noted. The patient reported a history of congestive heart failure and respiratory depression was concerned about the use of opioids. The patient was noted to have undergone a prior RFA of the same left L3, L4, and L5 on 12/11/2013. It was reported that repeated medial branch blocks were performed on 3/14/2014. There was no documented functional improvement to the lumbar spine attributed to the performed RFA. It was noted that the patient received only two months of some pain relief and did not meet the requirements of evidence-based guidelines for repeated procedure. The treating diagnoses included low back pain; multiple slip and fall injuries; L5-S1 EMG radiculopathy; s/p Thoracic Spine Kyphoplasty during April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left Side L3, L4, L5 Radiofrequency Ablation with Fluoroscopy in office:
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: Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301; 309; 187, 190, 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Facet Joint Diagnostic Blocks; Facet Joint Radiofrequency Neurotomy

Decision rationale: The request for a repeated lumbar spine RFA directed to left L3, L4, and L5 is not consistent with the recommendations of evidence-based guidelines and represents maintenance treatment. The use of RFA for the lumbar spine is not recommended. The patient is diagnosed with lumbar tenderness with noted pain on extension; however, there is no nexus for the reported facet arthropathy to the cited mechanism of injury. There is no documentation of pain on rotation with citation of the associated pain or facet level. There is no provided MRI objective evidence of facet arthropathy documented on the imaging study. The CA MTUS and the ACOEM Guidelines clearly do not recommend the use of facet blocks for subacute or chronic lower back pain as there is "insufficient evidence" to support their use. The treatment request is based on palpable tenderness over the L4-S1 facets without documentation of pain with extension and rotation with extension to demonstrate facet pain. There was no provided MRI evidence of facet arthropathy or a nexus of causation of possible facet arthropathy to the cited mechanism of injury. The treating physician did not provide objective evidence to support the use of facet blocks to treat facet arthropathy if the pain issues were directly or temporally related to the mechanism of injury cited; however, it appears that the treatment is directed to the pre-existing and incidental findings and not to the effects of the industrial injury. There is no x-ray or MRI evidence to support the diagnosis of facet arthropathy. There was no documented sustained functional improvement from the initial RFA and as a result, the patient does not meet the criteria recommended for a subsequent repeated RFA. The treating physician has not documented the necessary criteria to support the medical necessity of the requested repeated RFA to the lumbar spine. The examination is not clearly consistent with facet-mediated pain; however, the pain issues demonstrated with flexion, rotation, extension, and tenderness upon palpation could easily be musculoskeletal and not generated from the lumbar spine. The patient has documented multiple areas of pain generators. The patient has not been assessed to have received relief with the prior facet blocks and the current RFA request is not demonstrated to be part of an ongoing rehabilitation program with a self-directed exercise program. There is no demonstrated medical necessity for the requested RFA to the lumbar spine for left L3, L4, and L5.