

Case Number:	CM14-0120964		
Date Assigned:	09/25/2014	Date of Injury:	05/19/2012
Decision Date:	10/31/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine & Rehabilitation, 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:

The patient is a 63-year-old female who has submitted a claim for Spinal stenosis, lumbar region, without neurogenic claudication associated with an industrial injury date of May 19, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain radiating down the posterior aspect of both legs. Examination revealed pain with lumbar extension and lumbar rotation. Sitting SLR test causes pain in the low back. MRI of the lumbar spine dated 11/7/12 showed L3-4 disc space narrowing with retrolisthesis and disc herniation, L4-5 disc bulging and neuroforaminal narrowing, and multilevel facet edema. Treatment to date has included medications, and physical therapy. She also had bilateral intra-articular facet injections on 12/10/12 at L3-S1 with 50 percent improvement and a repeat facet injection on 2/11/13 at L3-S1 without improvement. Utilization review from July 3, 2014 denied the request for RF Ablation L3-L4, L4-L5, and L5-S1 because there was no documented positive response of greater than or equal to 70 percent for two hours from the previous medial branch block to warrant a radiofrequency ablation. Also, as per guidelines, no more than two joint levels are to be performed at one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RF Ablation L3-L4 ,L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. No more than two joint levels are to be performed at one time. In this case, the patient had prior bilateral intra-articular facet injections. However, the last facet injection performed on 2/11/13 at L3-S1 yielded no improvement. Moreover, this current request includes three levels where ablation will be done. The criteria for a repeat block were not met. Therefore, the request for RF Ablation L3-L4, L4-L5, L5-S1 is not medically necessary.