

Case Number:	CM14-0145306		
Date Assigned:	10/10/2014	Date of Injury:	08/09/2012
Decision Date:	11/12/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 Injured worker is a 26 year old female that reported an injury on 08/09/2012. The mechanism of injury was reported as a pulling injury. The injured worker's diagnoses included L4-5 disc protrusion, unstable retrolisthesis, with foraminal and lateral recess stenosis, L4-5 disc space narrowing with a lumbus vertebra anteroinferiorly of L4, and grade 1 spondylolisthesis L4-5. The injured workers past treatment included medication, physical therapy, and work modification. The injured worker's diagnostic studies included an unofficial MRI of the lumbar spine on 09/08/2012, which indicated degenerative disc disease and disc bulging at L4-5 with bilateral lateral recess stenosis and mild central stenosis and there was mild bilateral foramina narrowing noted. The injured worker's relevant surgical history was not provided. On the clinical note dated 08/01/2014, the injured worker complained of constant 6/10 lower back pain with medication and 8/10 without medication. The injured worker's pain radiated in the left buttock without medication and there was no radiating of pain with medication. The injured worker was positive for muscle pain, weakness, and decreased movement. The injured worker's current medication regimen included Tramadol 10-mg daily and Ibuprofen 800mg one to two tablets per week. The treatment plan was for Lumbar radiofrequency ablation at the levels of L4-L5. The rationale for the request was not submitted. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency ablation at the levels of L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks

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, facet joint radiofrequency neurotomy.

Decision rationale: The injured worker's diagnoses included L4-5 disc protrusion, unstable retrolisthesis, with foraminal and lateral recess stenosis, L4-5 disc space narrowing with a lumbus vertebra anteroinferiorly of L4, and grade 1 spondylolisthesis L4-5. The Official Disability Guidelines state Facet joint radiofrequency neurotomy are under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. This is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. The guidelines state the treatment requires a diagnosis of facet joint pain using a medial branch block. The injured worker reports continued pain to the low back with radiating pain to the left buttock. However, there is a lack of documentation indicating the injured worker to have been diagnosed after having a medical branch block performed. As such, the request for Lumbar Radiofrequency Ablation at the levels of L4-L5 is not medically necessary.