

Case Number:	CM14-0149540		
Date Assigned:	09/18/2014	Date of Injury:	10/13/1999
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old male with an injury date of 10/13/99. Based on the 08/07/14 progress report provided by [REDACTED], the patient complains of low and mid back pain. The pain is rated 7/10 on average and radiates to bilateral buttocks. Physical examination to the lumbar spine reveals that muscles are non-tender to palpation. Facet loading is positive bilaterally. Axial lumbar pain does not radiate. Previous radio frequency ablation, date unspecified helped for 8 months. Treating physician states that a combination of opioids and injections are the safest and most effective manner to manage patient's pain. Per progress report dated 08/07/14, under treatment plan, it is stated "request RFA lumbar L2, 3, 4, 5 bilat."Diagnosis 08/07/14: myofascial pain syndrome; chronic pain syndrome; spondylosis, thoracic; facet spondylosis, lumbar; degenerative disc disease, lumbar. [REDACTED] is requesting 4 medial branch radiofrequency lesioning under fluoroscopic guidance. The utilization review determination being challenged is dated 08/27/14. The rationale is "procedure is indicated by guidelines. Patient had lumbar neurotomy on 11/19/13 and 11/26/13 and responded positively with pain relief and improvement of function of 85%. Repeat neurotomy is appropriate, and request is modified from 4 to 2 medial branch radiofrequency. The remaining 2 levels are not certified at this time." [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/14 - 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 medial branch radiofrequency lesioning under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG guidelines on RF ablation, lumbar spine.

Decision rationale: The patient presents with mid and low back pain. The request is for 4 medial branch radiofrequency lesioning under fluoroscopic guidance. Diagnosis includes lumbar facet spondylosis and degenerative disc disease. Per progress report dated 08/07/14, under treatment plan, treating physician states "request RFA lumbar L2, 3, 4, 5 bilat." Treating physician also states that previous radio frequency ablation, date unspecified, helped patient for 8 months. Per utilization review letter dated 08/27/14, it is stated that the patient had lumbar neurotomy on 11/19/13 and 11/26/13 and responded positively with pain relief and improvement of function of 85%. ODG guidelines on RF ablation, lumbar spine: Criteria for use of facet joint radiofrequency neurotomy: "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." and "No more than two joint levels are to be performed at one time." In review of reports, there is no evidence of improvement in VAS score or documented decrease in medication and improvement in function. Furthermore, per progress report dated 08/07/14, treating physician plans RFA (request for authorization) on 3 facet joint levels, which exceeds guideline recommendation of no more than 2 facet joint levels to be performed at one time. The request does not meet ODG criteria. Therefore, the request is not medically necessary.