

Case Number:	CM14-0159006		
Date Assigned:	10/02/2014	Date of Injury:	02/21/2013
Decision Date:	11/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 68 year old male with an injury date of 02/21/13. The 09/05/14 report by [REDACTED] states that the patient presents with lower back ache rated 10/10. Quality of sleep is poor. The patient is working. Examination reveals range of motion of the lumbar spine is limited, and there is tenderness to palpation on both sides of the paravertebral muscles. The treater notes a prior Medial Branch Block that reduced pain from 10/10 to 2/10. The patient's diagnoses include: Lumbar facet syndrome, Low back pain, Spasm of muscle. Current medications are listed as Dexilant, Ibuprofen, Flector, Amlodipine Besylate, Lisinopril, Omeprazole, Ranitidine, Triamterence-hetz. The utilization review being challenged is dated 09/17/14. Reports were provided from 03/21/14 to 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Lumbar Radiofrequency Ablation at the L3, L4, and L5 levels: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back- Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

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 Topic

Decision rationale: The patient presents with lower back pain rated 10/10. The treater requests for a decision for 1 bilateral lumbar radiofrequency ablation at the L3, L4, L5 levels. ODG guidelines Low Back Chapter, Facet joint radiofrequency neurotomy Topic, states, "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." Criteria for use include: "1) Treatment requires diagnosis of facet joint pain using a medical branch block as described above. 4) No more than two joint levels are to be performed at one time." The reports provided show the patient received lumbar medial branch blocks on both side L3, L4, L5 total of 6 branches blocked on 08/27/14. The treater states pain decreased from 10/10 to 2/10 following the procedure and as of 09/05/14 pain had returned to baseline. Although the 8/27/14 procedure report is not available, it would appear that the patient has had a positive response to diagnostic DMB block. The requested 3 level nerves actually cover 2 facet joints which are supported by ODG guidelines. Given the positive response to diagnostic as documented, RF ablation would be the logical next step and consistent with the guidelines. The request is medically necessary.