

Case Number:	CM14-0160984		
Date Assigned:	10/06/2014	Date of Injury:	04/10/2013
Decision Date:	11/04/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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:

The claimant is a 50 year old female bus driver who sustained a vocational injury when she was struck by a van while standing next to her bus on 04/10/13. The medical records provided for review included the office note dated 08/28/14 describing low back pain, poor quality of sleep, but her activity was unchanged. Medications included Norco, Trazodone, Voltaren Gel, and Flexeril. Physical examination revealed an antalgic gait assisted by crutches, restricted range of motion with flexion limited to 60 degrees, extension limited to 15 degrees by pain, right lateral bending to 15 degrees and left lateral bending to 15 degrees. Lateral rotation to the left was limited to 15 degrees and lateral rotation to the right was limited to 5 degrees. On palpation of the paravertebral muscles, there was hypertonicity and tenderness noted bilaterally. She was unable to walk on her heels but was able to walk on her toes. Lumbar facet loading was positive bilaterally. Straight leg raise testing was negative. Ankle jerk was 0/4 bilaterally. The patella jerk was 0/4 bilaterally. She was able to do straight single leg stance and noted tenderness over the sacroiliac spine, tenderness over the bilateral facet joints. She had 5/5 strength of the bilateral lower extremities. Sensation was noted to be within normal limits. She was given the diagnosis of low back pain and was documented to be involved with formal physical therapy. This review is for multiple current requests for lumbar radiofrequency ablation bilaterally at L3, several requests at L4, separate requests at L5, and separate requests at S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P: Lumbar Radiofrequency Ablation bilateral at L3, L4, L5, and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200; 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Pulsed Radiofrequency Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: radiofrequency ablation.

Decision rationale: The previous Utilization Review noted that the claimant underwent an L3-S1 medial branch and bilateral sacral ala block with a total of ten nerve branches blocked on 01/22/14 and had a 50 percent pain reduction from the temporary blocks. California Chronic Pain Medical Treatment Guidelines do not recommend pulse radiofrequency treatment as medically necessary. California ACOEM Guidelines note that invasive techniques, such as facet joint injections of cortisone and Lidocaine have a questionable merit. California ACOEM Guidelines do note that there is good quality medical literature demonstrating a radiofrequency neurotomy of facet joints of the cervical spine provides good temporary relief; however, similar quality literature does not exist regarding the same procedure in the lumbar spine. Lumbar facet neurotomy reports produce mixed results and should be performed only after an appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines note that specifically with regards to radio joint frequency neurotomy; no more than two levels should be performed at one time. In addition, prior to considering facet joint radiofrequency and neurotomy, these procedures should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater or equal to 50 percent. There should also be evidence-based conservative care in addition to the facet joint therapy. The request is for four levels and clearly exceeds the Official Disability Guidelines, noting that no more than two levels should be performed at one time. In addition, there is no documentation or evidence of a formal plan of additional evidence-based conservative care in addition to the facet joint therapy. There is also lacking documentation suggesting that the previous medial branch block provided greater than 50 percent of relief which is recommended based on guidelines, prior to considering radio frequency neurotomy. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, California ACOEM Guidelines and Official Disability Guidelines, the requests for the lumbar frequency radio ablation bilaterally at L3, L4, L5, and S1 cannot be considered medically necessary.