

Case Number:	CM14-0165949		
Date Assigned:	10/13/2014	Date of Injury:	07/14/1998
Decision Date:	11/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain Management 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 injured worker is a 54-year-old female with a date of injury on 7/14/98. The listed diagnoses are lumbar neuritis, brachial neuritis, lumbar spine degenerative disc, and lumbago. According to the progress report dated February 26, 2014, the injured worker presented for follow up and reported recurrence of axial low back pain after 70-80% pain relief with prior bilateral L2, L3, L4, and L5 medial branch nerve radiofrequency ablation performed on April 10, 2013 and May 01, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2, L3, L4 and L5 MBRFA (Medial Branch Radiofrequency Ablation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medial Branch 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 - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: According to the Official Disability Guidelines, the criteria for use of facet joint radiofrequency neurotomy are: (1) Treatment requires a diagnosis of facet joint pain using a

medial branch block.-Criterion not met. Although the injured worker had positive lumbar medial branch blocks prior to the initial radiofrequency ablation in 2013, documentation of repeat confirmatory blocks prior to the services rendered on September 23, 2014 is absent.(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. -Criterion met. According to the progress report dated February 26, 2014, the injured worker attained 70-80% pain relief for over 6 months with the initial lumbar radiofrequency neurotomy performed in April and May of 2013. (3) No more than two joint levels are to be performed at one time.-Criterion not met. The submitted information indicates that the injured worker underwent bilateral L2, L3, L4 and L5 medial branch nerve radiofrequency on September 23, 2014. Therefore based on a review of the documents and per the ODG the request for Left L2, L3, L4 and L5 MBRFA (Medial Branch Radiofrequency Ablation) is not medically necessary and appropriate.

Right L2, L3, L4 and L5 MBRFA (Medial Branch Radiofrequency Ablation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medial Branch 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 - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: According to the Official Disability Guidelines, the criteria for use of facet joint radiofrequency neurotomy are: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block.-Criterion not met. Although the injured worker had positive lumbar medial branch blocks prior to the initial radiofrequency ablation in 2013, documentation of repeat confirmatory blocks prior to the services rendered on September 23, 2014 is absent.(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. -Criterion met. According to the progress report dated February 26, 2014, the injured worker attained 70-80% pain relief for over 6 months with the initial lumbar radiofrequency neurotomy performed in April and May of 2013. (3) No more than two joint levels are to be performed at one time.-Criterion not met. The submitted information indicates that the injured worker underwent bilateral L2, L3, L4, and L5 medial branch nerve radiofrequency on September 23, 2014. Therefore based on a review of the documents and per the ODG the request of Right L2, L3, L4 and L5 MBRFA (Medial Branch Radiofrequency Ablation) is not medically necessary and appropriate.

EMG (Electromyography) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electromyography (EMG).

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 - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

Decision rationale: According to the Official Disability Guidelines, electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but electromyography are not necessary if radiculopathy is already clinically obvious. According to the progress report dated February 26, 2014, the injured worker was noted to have diminished sensation in the L5-S1 nerve root dermatomes but this is reported to be a chronic finding. Therefore, due to absent documentation of new or progressive neurological deficits, medical necessity for the electromyography testing has not been established and the request of EMG (Electromyography) Bilateral Lower Extremities is not medically necessary and appropriate.