MAXIMUS Federal Services

Case Number:	CM14-0173270		
Date Assigned:	10/24/2014	Date of Injury:	12/04/2013
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/20/2014

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 Rehabilitation & Pain Management 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 58-year-old male with a date of injury of 12/04/2013. The listed diagnoses per [redacted] are:1. Cervicalgia.2. Cervical radiculopathy.3. Lumbago.4. Lumbar facet dysfunction.5. Carpal tunnel syndrome.6. Bilateral shoulder pain.7. Dizziness.8. Epicondylitis.9. Gastritis.According to progress report 09/03/2014, the patient presents with chronic low back pain and is status post L3, L4, and L5 medial branch blocks. He reports greater than 60% improvement in his pain for approximately 3 days, but pain has now returned. Examination of the lumbar spine revealed positive straight leg raising and facet loading test. Spurling's test was also noted to be positive producing axial pain. On strength testing, there was weakness noted in the left triceps. There is tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscles, scapular border, lumbar paraspinal musculature, and sacroiliac joint region. The treating physician reviewed diagnostic studies and noted that EMG showed cervical radiculopathy at C7 bilaterally and MRI of the lumbar spine showed C5-C6 disk bulges. These reports were not provided for my review. The treating physician is recommending a radiofrequency ablation of the lumbar medial branches at L3, L4, and L5 with fluoroscopy, first on the left and then on the right. Utilization review denied the request on 09/26/2014. Treatment reports from 04/09/2014 through 09/03/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar radiofrequency rhizotomy at L3, L4 and L5 with fluoroscopy, first Left and then Right.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under its Low Back chapter states RF ablation

Decision rationale: This patient presents with chronic low back pain and is status post L3, L4, and L5 medial branch block with 60% improvement for approximately 3 days. The treating physician is requesting a radiofrequency ablation at L3, L4 and L5 with fluoroscopy. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, ODG Guidelines are referenced. ODG under its Low Back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria are used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. An adequate diagnostic block requires greater than 70% reduction of pain for the duration of anesthetic agent used. In this case, the treating physician has documented "greater than 60% pain relief for 3 days" from DMB blocks. ODG guidelines require 70% reduction of pain for a positive response. Furthermore, one would not expect 3 days of relief from diagnostic DMB blocks. The patient appears to have had a placebo response. This is a negative response and RF ablation would not be indicated. Therefore the request is not medically necessary.