

Case Number:	CM14-0186327		
Date Assigned:	11/14/2014	Date of Injury:	06/03/2011
Decision Date:	12/16/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency 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:

Patient with reported date of injury on 5/3/2011. No mechanism of injury was documented. Patient has a diagnosis of low back pain. Patient is post L4-5 microdiscectomy on 11/18/13. Medical reports reviewed. Last report available until 10/7/14. Last note was by Orthopedist dated 10/7/14. Most of the notes by the treating orthopedists is very brief and documents very little in presenting complaint or physical exam. Patient complains of low back pain. Pain improved with facet joint injections reportedly done on 9/19/14. Objective exam reveals good strength in bilateral lower extremities. Documentation on 10/7/14 requests radiofrequency ablation, however the requesting provider is not sure which levels were done and is not the one who performed the facet joint injection or will be performing the radio frequency ablation procedure. Low back brace was dispensed for unknown reason. Note on 10/6/14 by physician who performed the facet injections was reviewed. Note mentions that patient reports "50%" improvement in pain but actual pain scale and improvement in activity of daily living was not documented. Objective exam at that time revealed good range of motion with no pain on ranging. Less pain with facet loading documented. Most severe pain is at L1, L4 and L5 spinous processes. Negative straight leg raise. The provider documents that L4-5 and L5-S1 received the injections and that patient had "50%" improvement. The provider did not recommend radio frequency ablation unless pain improvement does not last. MRI of lumbar spine (5/30/14) revealed post-surgical changes at L5-S1, with mild residual disc protrusion. Diffuse degenerative changes at L4-5 and mild bilateral facet degenerative changes at L4-5 and L5-S1. Some narrowing of L S1 neural foramen. No medication list was provided for review. Medications noted were Norco, Omeprazole, Naproxen and Robaxin. Independent Medical Review is for Low back brace and "radiofrequency ablation of low back joints". Prior UR on 10/22/14 recommended non-certification. It approved Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As per ACOEM Guidelines, lumbar supports such as low back brace has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was needed. Low back brace is not medically necessary.

Radiofrequency Ablation's of low back joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: As per MTUS ACOEM guidelines, radio frequency ablation neurotomy is mostly indicated in cervical disc disease however there are criteria for use in lumbar disc disease. It may be considered after diagnostic nerve blocks shows improvement in pain. While patient did have some subjective response in pain after injections, the providers have failed to properly document actual objective improvement. There is no noted pain scale documented by orthopedist prior to injection. Pain specialist documented vague pains of 6-8/10 in visit prior to procedure. There is no post procedural assessment in pain with no documented pain scale by either provider, no documented reduction in opioid or other pain medication use or improvement in function. The pain specialist also did not recommend radio frequency ablation in note on 10/6/14. The documentation does not meet criteria to recommend radio frequency ablation. Radio frequency ablation of low back is not medically necessary.