

Case Number:	CM14-0171197		
Date Assigned:	06/18/2015	Date of Injury:	10/15/2000
Decision Date:	07/14/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 10/15/00. The injured worker has complaints of back pain and low back pain. the lumbosacral examination reveals positive FABER (flexion, abduction and external rotation) menuever, positive Gainslen's menuever bilateral, pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 (sacroiliac) facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral, secondary myofascial pain with triggering increased from prior evaluations. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and sacroiliitis, not elsewhere classified. Treatment to date has included post dorsal rami diagnostic blocks; radiofrequency procedure; lidocaine patch; methadone; baclofen and percocet. The request was for radiofrequency neurolysis left L3, L4, L5 and repeat radiofrequency neurolysis right L2, L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Neurolysis Left L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar and thoracic chapter (RFA).

Decision rationale: CA MTUS does not recommend lumbar facet injections. ODG states that no more than two joint levels are to be blocked at one time. The request is for three levels on the left. The patient has had four previous RFA procedures. In this case, documentation does not show evidence of decreased pain medication or increased function following the previous RFA. The patient is suspected of having radiculopathy, which is an exclusionary criteria for RFA. There is no report of pain relief of at least six months from the previous RFA or 50% pain relief for at least twelve weeks. Thus the medical necessity of this procedure is not established. The request for Radiofrequency Neurolysis Left L3, L4, L5 is not medically necessary.

Repeat Radiofrequency Neurolysis right L2, L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar and thoracic.

Decision rationale: CA MTUS does not recommend lumbar facet injections. ODG states that no more than two joint levels are to be blocked at one time. This request is for four levels. The patient has also had four previous RFA procedures since 2007. Documentation does not show evidence of decreased use of pain medication or increased function with the last RFA. The patient is suspected of having radiculopathy, which is an exclusionary criterium for repeat RFA. No report of pain relief of at least 6 months from the previous RFA or greater than 50% pain relief for 12 weeks is documented. Thus, the request for Repeat Radiofrequency Neurolysis Right L2, L3, L4 and L5 is not medically necessary.