

Case Number:	CM14-0210185		
Date Assigned:	12/23/2014	Date of Injury:	08/15/2008
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 15, 2008. In a Utilization Review Report dated December 2, 2014, the claims administrator denied a request for lumbar radiofrequency ablation procedure. The claims administrator referenced a November 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On July 16, 2014, the applicant reported persistent complaints of low back pain, hip pain, depression, anxiety, wrist arthritis, shoulder impingement syndrome, opioid dependence, carpal tunnel syndrome, migraine headaches, and lumbar degenerative disk disease. The applicant's medication list included Neurontin, Lyrica, Flector, lidocaine, Zanaflex, Voltaren, tramadol, Cymbalta, and Pennsaid. The attending provider acknowledged that the applicant was using Lyrica to "mitigate severe nerve pain in the coccyx." Medial branch blocks were performed on October 9, 2014. The attending provider subsequently requested lumbar radiofrequency ablation procedures. On November 20, 2014, the applicant reported ongoing issues with hand pain, wrist pain, an antalgic gait, thoracic spine pain, coccygeal pain, migraines, shoulder impingement syndrome, knee arthritis, and low back pain. The attending provider suggested that the applicant was a good candidate for lumbar radiofrequency ablation therapy. The applicant did exhibit hyposensorium about the right leg and diminished strengths about portions of the arm and leg musculature. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radio frequency ablation at L3, L4, and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, of which the lumbar radiofrequency ablation procedures at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish a limited role for radiofrequency neurotomy procedures/radiofrequency ablation procedure in applicants who have a favorable response to earlier medial branch blocks, in this case, however, the applicant's presentation does not appear to be consistent with a diagnosis of diskogenic low back pain for which radiofrequency ablation procedures could be considered. Rather, the applicant's presentation is suggestive of neuropathic pain/radicular low back pain. The applicant was consistently described as having nerve pain about the legs on multiple office visits, referenced above. The applicant is using Lyrica and Neurontin, presumably for neuropathic (radicular) pain. The applicant exhibited dysesthesias about the right leg on November 23, 2014, again suggesting the presence of an active radicular process. The request, thus, is not indicated both owing to the (a) unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.