

Case Number:	CM14-0212088		
Date Assigned:	01/02/2015	Date of Injury:	12/24/2010
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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 December 24, 2010. In a utilization review report dated November 20, 2014, the claims administrator failed to approve a request for lumbar radiofrequency ablation procedures. The claims administrator referenced a November 13, 2014 RFA form and associated progress note dated October 28, 2014 in its determination. The claims administrator noted that the applicant had undergone medial branch blocks on July 31, 2014. The applicant's attorney subsequently appealed. On said October 28, 2014 progress note, the applicant reported multifocal complaints of low back pain, neck pain, and shoulder pain. The applicant had apparently been asked to undergo epidural steroid injection therapy for the lumbar spine, cortisone injection therapy for the shoulders, and/or a shoulder decompression surgery. The applicant reported persistent complaints of low back pain radiating to the right leg with positive right-sided straight leg raising noted. The applicant was asked to follow up with her pain management physician to obtain a facet radiofrequency ablation procedure. The applicant was placed off work, on total temporary disability. Transportation to and from medical appointments was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Bilateral L3, L4, L5, RFTC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 3, page 301, Physical Methods Section.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, which the proposed radiofrequency ablation procedures are a subset of, are deemed "not recommended." While ACOEM Chapter 12, page 301 does support a limited role for facet neurotomies in applicants who have received appropriate investigation involving differential doses of dorsal ramus medial branch diagnostic blocks, here, however, the applicant's presentation is not, in fact, suggestive of facetogenic or discogenic low back pain for which the proposed lumbar radiofrequency ablation procedure/lumbar radiofrequency neurotomy procedure could be considered. The applicant's continuing complaints of low back pain radiating to the right leg, rather, suggests the presence of radicular low back pain for which facet neurotomy procedures such as radiofrequency ablation procedures are not indicated. 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.