

Case Number:	CM14-0215627		
Date Assigned:	01/05/2015	Date of Injury:	09/08/1998
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male with a date of injury of 09/08/1998. According to progress report dated 12/11/2014, the patient presents with worsening complaints of low back pain as well as neck pain with intermittent tingling in both hands. In regards to his lower back, it was noted the patient is “getting progressively more stooped in his posture.” With erect posture, the patient has an increase in pain. The patient has L3-L4, and L4-L5 facet arthropathy. The patient has had radiofrequency ablation in the past which has significantly reduced pain and increased function. A repeat radiofrequency ablation was suggested. The listed diagnoses are: 1. Aftercare following surgery of musculoskeletal system. 2. Cervicalgia. 3. Headache. 4. Neck pain. 5. Low back pain. 6. Chronic pain. 7. Right knee pain. 8. Shoulder joint pain, left. 9. Sleep disorder. Physical examination of the lumbar spine revealed limited range of motion to 40 degrees with forward flexion. There is essentially no rotation secondary to complaints of increased back pain. Straight leg raise is negative. He has no fixed sensory changes. This is a request for bilateral lumbar L2, L3, L4 radiofrequency ablation. The utilization review denied the request on 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar L2, 3, 4 Radio Frequency Ablation: Upheld

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

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); Low Back Chapter, Facet Joint Syndrome Radiofrequency Ablation

Decision rationale: This patient presents with chronic low back pain. The current request is for bilateral lumbar L2, L3, L4, L5 radiofrequency ablation. The utilization review denied the request stating that there is no mention of any recent diagnostic facet blocks to determine whether a repeat rhizotomy is indicated, and there is no mention of claimant doing any exercise/rehabilitation program in conjunction with the facet treatment. Regarding radiofrequency ablation, ACOEM Guidelines page 300 and 301 state, lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG Guidelines lumbar spine chapter under facet joint syndrome radiofrequency ablation section require a clear diagnosis of facet joint syndrome via positive dorsal medial branch diagnostic blocks to be able to perform radiofrequency ablation. ODG Guidelines lumbar spine chapter under facet joint syndrome require paravertebral tenderness, negative sensory examination, no radicular symptoms, although pain can at times radiate below the knee, and negative straight leg raise testing. Review of the medical file indicates the patient underwent first radiofrequency on 12/30/2009 and the second one was on 07/10/2012. Review of progress reports from 06/19/2014 through 12/11/2014 notes that the patient had a prior radiofrequency with reduction in pain and better functioning, but he did not reduce his medication level during that time whatsoever. In this case, the treating physician has not quantified the improvement from prior injections and there was no reduction in medication as required by MTUS for consideration of a repeat injection. The requested repeat radiofrequency ablation is not medically necessary.