MAXIMUS Federal Services

Case Number:	CM14-0092167		
Date Assigned:	07/25/2014	Date of Injury:	09/08/2002
Decision Date:	05/29/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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: 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 injured worker is a 59 year old female who sustained industrial injury on 09/08/02. Initial complaints and diagnoses are not available. Treatments to date include bilateral L3-S1 medial branch radiofrequency ablations, physical therapy, and medications. Diagnostic studies include nerve conduction studies. Current complaints include left sided back pain. Current diagnoses include lumbar degenerative disc disease, myofascial pain, lumbar and cervical radiculitis, bilateral sacroilitis, bilateral L4-S1 facet arthropathy, displacement of lumbar intervertebral disc, myalgia and myositis, and brachial and thoracic or lumbosacral neuritis or radiculitis. In a progress note dated 05/14/14 the treating provider reports the plan of care as a right L3-S1 medial branch block radiofrequency ablation, Norco, and trigger point injections given on the day of service. The requested treatments are 3 trigger point injections and a right L3-S1 medial branch block radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation Right at L3,L4,L5, and S1: 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- Lumbar & Thoracic (Acute and Chronic).

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

Decision rationale: The patient has undergone previous RFA at bilateral L3-S1. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial for any new injury, acute flare-up, or progressive clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted disc bulges displacement. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage and medical utilization or an increase in ADLs and function to repeat procedures for this chronic injury of 2002. The Radiofrequency Ablation Right at L3, L4, L5, and S1 is not medically necessary and appropriate.

3 Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic Criteria for facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 3 Trigger Point Injections is not medically necessary and appropriate.