

Case Number:	CM15-0014832		
Date Assigned:	02/02/2015	Date of Injury:	05/28/2010
Decision Date:	05/28/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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 55-year-old male who sustained an industrial injury on 05/28/2010. Current diagnoses include spinal enthesopathy and degenerative lumbar-lumbosacral intervertebral disc. Previous treatments included medication management, left hip surgery, physical therapy, injection, medial branch block, and home exercise program. Previous diagnostic studies include an MRI. Report dated 01/09/2015 noted that the injured worker presented with complaints that included chronic low back pain. Pain level was 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for radio frequency ablation, medications management, and return in 6 weeks. Disputed treatments include radio frequency ablation to the right side L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation to the right side L4-L5, L5-S1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: This patient presents with chronic low back pain. The Request for Authorization is not provided in the medical file. The current request is for radiofrequency ablation to the right side L4-5, L-S1. Previous treatments included medication management, left hip surgery, physical therapy, injection, medial branch block, and home exercise program. The patient is working modified duty. ODG, Low Back Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Physical examination of the lumbar spine revealed tenderness throughout the lumbar spine along the paravertebral area on the right side. Sensation was intact. Reflexes and motor testing were normal in the lower extremities. According to progress report 01/09/15, the patient underwent a diagnostic MBB on 10/23/14. Following the injection the patient reported at least 80% relief for 2 hours and symptoms steadily increased over the next few hours but continued to provide 70% relief for up to 2 hours and 60% relief for up to 3 hours. The treating physician recommended proceeding with a right L4-5 and L5-S1 RFA. ODG guidelines require 70% reduction of pain for a positive response, and then a RFA would be indicated. Given the treating physician has provided the required documentation to indicate positive diagnostic block, the requested RFA is medically necessary.