

Case Number:	CM15-0168226		
Date Assigned:	09/09/2015	Date of Injury:	05/08/2011
Decision Date:	12/10/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 05-08-2011. She has reported injury to the low back. The diagnoses have included lumbago; and sciatica. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, pool therapy, injections, physical therapy, and lumbar radiofrequency ablation. Medications have included Lidocaine Patch. A progress report from the treating provider, dated 08-03-2015, documented an evaluation with the injured worker. The injured worker reported ongoing low back pain; she was last seen in 03-22-15, when she had fallen, secondary to her right leg "giving out" with increased midline to right-sided low back pain; radiation to the right hip and buttock; radiation of pain to inner thigh to knee associated with numbness in the bilateral calves; she has lower and middle back spasms with reclining; low back pain does not permit her to walk certain trails as she cannot ascend, she has great trouble getting in and out of her truck, and self-grooming is very painstaking; left shoulder is painful; she is status post radiofrequency in 05-2014 with improved pain relief and range of motion, and she was able to do more; she is using Lidocaine patch with some benefit; TENS unit is used with benefit; and pool therapy for the lumbar spine was helpful. Objective findings included she is in no apparent distress; left shoulder movements are restricted with abduction limited due to pain; and tenderness is noted in the acromioclavicular joint and subdeltoid bursa. The provider noted that the injured worker has had prior radiofrequency ablation had "increased range of motion and greater than 50% decreased in pain". The treatment plan has included the request for RF (radiofrequency ablation) bilateral L4 with moderate sedation quantity: 1.00; and RF (radiofrequency ablation) bilateral L5 with moderate sedation quantity: 1.00. The original utilization review, dated 08-10-2015, non-certified the request for RF bilateral L4 with moderate sedation quantity: 1.00; and RF bilateral L5 with moderate sedation quantity: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

RF bilateral L4 with moderate sedation qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 3rd Edition, 2011, Low Back Disorders, page 619.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

Decision rationale: According to the guidelines, RF ablation is under study. If performed, the criteria are: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6months 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. In this case, the claimant did benefit from prior RF ablation a year ago with lasting benefits. The claimant does not have radicular findings. There is however no indication of severe anxiety such that moderate sedation is required. Intervention needs from the prior injection is unknown. The request for the RF of L4 with sedation is not necessary.

RF bilateral L5 with moderate sedation qty:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 3rd Edition, 2011, Low Back Disorders, page 619.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

Decision rationale: According to the guidelines, RF ablation is under study. If performed, the criteria are: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block (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. In this case, the claimant did benefit from prior RF ablation a year ago with lasting benefits. The claimant does not have radicular findings. There is however no indication of severe anxiety such that moderate sedation is required. Intervention needs from the prior injection is unknown. The request for the RF of L5 with sedation is not necessary.