

Case Number:	CM15-0173239		
Date Assigned:	09/15/2015	Date of Injury:	04/22/2011
Decision Date:	10/28/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, New York, 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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 22, 2011. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for a right L4-L5 medial branch radiofrequency ablation procedure. The claims administrator referenced a July 29, 2015 RFA form and an associated progress note of July 27, 2015 in its determination. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant reported ongoing complaints of low back, neck, and shoulder pain. The applicant was placed off of work, on total temporary disability. The applicant had received a prior lumbar rhizotomy procedure at L4-S1 on December 29, 2014, the treating provider acknowledged. On June 22, 2015, the applicant was, once again, placed off of work, on total temporary disability owing to multifocal complaints of knee and low back pain. The applicant was obese, with BMI of 35, it was reported. Knee MRI imaging was sought. 8-9/10 low back pain complaints were reported. The applicant had developed derivative complaints of depression and anxiety, it was reported. A lumbar radiofrequency procedure at L4-L5 was sought on May 27, 2015. The attending provider contended that the applicant had received a favorable response to an earlier block at the same level. Repeat radiofrequency ablation was sought. On April 15, 2015, the claimant received refills of Celebrex and tramadol. The attending provider reiterated her request for lumbar radiofrequency ablation procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 medial branch block radiofrequency ablation procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for right L4-L5 medial branch block radiofrequency ablation procedure was not medically necessary, medically appropriate, or indicated here. As acknowledge by the requesting provider on May 27, 2015, the request in question was framed as a repeat request for said procedure. The MTUS Guideline in ACOEM Chapter 12, page 301 stipulates that facet neurotomies (AKA lumbar radiofrequency ablation procedures) should be performed only after appropriate investigation involving diagnostic medial branch blocks. This recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, despite receipt of prior lumbar radiofrequency ablation procedures, it was acknowledged on multiple office visits, referenced above, including on June 22, 2015. The applicant reported severe 8-9/10 low back pain complaints on that date and acknowledged that sitting, standing, and walking remained problematic. The applicant remained dependent on a variety of analgesic medications to include Celebrex and tramadol, it was reported on April 15, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS S9792.20e, despite receipt of at least one prior medial branch block radiofrequency ablation procedure. Therefore, the request for a repeat procedure is not medically necessary.