

Case Number:	CM15-0047892		
Date Assigned:	03/19/2015	Date of Injury:	06/01/2011
Decision Date:	05/13/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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 61 year old male, who sustained an industrial injury on 06/01/2011. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, MRI of the lumbar spine, previous bilateral radiofrequency ablations (left on 11/28/2012 and right on 12/12/2012), and lumbar epidural steroid injections. Currently, the injured worker complains of axial lower back pain, left greater than right. It was noted that the injured worker had previously undergone radiofrequency ablations bilaterally which resulted in the reduction of pain from 6-7/10 to zero and provided the injured worker the ability to return to work for 8 months. Current diagnoses include lumbar degenerative disc disease and facet pain. The treatment plan consisted of repeat L2-3, L3-4, L4-5, L5-S1 radiofrequency ablations bilaterally (to be done on different days).

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3, L3-4, L4-5, L5-S1 Radio frequency ablation (each side to be done on separate days):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The 61 year old patient complains of axial lower back pain, left greater than right, as per progress report dated 02/03/15. The request is for L2-3, L3-4, L4-5, L5-S1 RADIO FREQUENCY ABLATION (EACH SIDE TO BE DONE ON SEPARATE DAYS). There is no RFA for this case, and the patient's date of injury is 06/01/11. The patient's pain is rated at 4/10, and an MRI dated 01/15/15 reveals severe facet arthropathy at lower levels along with moderate to severe spinal canal stenosis, as per progress report dated 02/03/15. Diagnoses, as per progress report dated 10/06/14, included lumbar degenerative disc disease and facet pain. The patient is working full time, as per progress report dated 12/04/14. ACOEM guidelines, chapter 8 page 174 incidentally notes under footnote: "There is limited evidence that radio-frequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28). Caution is needed due to the scarcity of high-quality studies." ODG guidelines support RFA for facet joint syndrome after proper diagnostics have been carried out. For repeat procedure, greater than 50% reduction of pain lasting at least 3 months and if not 6 months is required. In this case, the patient has already undergone radio-frequency ablation in the past. In progress report dated 02/03/15, the treating physician states that "He has had two episodes of lumbar radiofrequency ablation of the medial branch nerves for treatment of spondylosis without myelopathy, facet syndrome and has done quite well." In progress report dated 12/04/14, the physician states, "The radiofrequency treatment in August 2013 has really been good." None of the progress reports, however, documents duration of symptom reduction lasting for at least 3-6 months along with 50% reduction in pain, significant changes in function or reduction of medication use, as required by ODG. Furthermore, guidelines recommend treatments at no more than two levels, and the request is for four levels. Hence, this request IS NOT medically necessary.