

Case Number:	CM15-0069329		
Date Assigned:	04/16/2015	Date of Injury:	05/17/1999
Decision Date:	05/18/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, 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:

This 51 year old male sustained an industrial injury to the low back on 5/17/99. Previous treatment included magnetic resonance imaging, epidural steroid injections, radiofrequency ablation and medications. In a follow up evaluation dated 1/6/15, the injured worker complained of ongoing low back pain with radicular symptoms down the leg. The injured worker was requesting radiofrequency ablation because it had provided him eight to nine months of relief in the past, allowing him to return to work. The physician recommended a series of three epidural steroid injections prior to going forth with radiofrequency ablation. In a follow up evaluation dated 3/10/15, the injured worker had received his third epidural steroid injection one week prior. The injured worker reported that the injections appeared to significantly reduce his radicular symptoms to the right leg; however, the injured worker complained of persistent, significant pain to the low back that interfered with his ability to perform normal job duties. Lumbar spine x-rays showed moderate degenerative disc disease at L4-5 and L5-S1. The patient had an MRI of the lumbar spine in September 2014 that revealed disc bulge and degenerative changes. Current diagnoses include lumbar spine degenerative disc disease. The physician recommended lumbar laminectomy and discectomy at L4-5. The injured worker opted for conservative care with radiofrequency ablation treatments. Per the doctor's note dated 3/10/15, the patient had complaints of low back pain with radiculopathy in right LE. Physical examination of the low back revealed tenderness on palpation, limited range of motion and positive SLR. The patient had received Radiofrequency Ablation in the past. The medication list includes Flexeril and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation (RFA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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 (updated 04/29/15) Facet joint intra-articular injections (therapeutic blocks) Facet joint radiofrequency neurotomy.

Decision rationale: Request: Radiofrequency Ablation (RFA) CA MTUS and ACOEM Guidelines do not address this request. Therefore, ODG was used. As per the cited guideline for facet joint radiofrequency neurotomy: "Under study. 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." Any evidence of diagnosis of facet joint pain using a medial branch block was not specified in the records provided. The patient had received Radiofrequency Ablation in the past. Any evidence of relief in pain from previous Radiofrequency Ablation for the first 12 weeks at > 50% relief was not specified in the records provided. As per cited guideline, there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, which was not specified in the records provided. Patient has received an unspecified number of PT visits conservative treatment for this injury to date. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Radiofrequency Ablation (RFA) is not fully established in this patient. Therefore, the request is not medically necessary.