

Case Number:	CM15-0073961		
Date Assigned:	04/24/2015	Date of Injury:	05/24/2001
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

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:

This 31-year-old female sustained an industrial injury to low back on 5/24/01. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, home exercise, transcutaneous electrical nerve stimulator unit, epidural steroid injection, facet blocks, back brace and medications. In a neurosurgery consultation dated 1/2/15, the injured worker complained of ongoing low back pain with radiation to the right leg, rated 5-9/10 on the visual analog scale. The injured worker reported receiving 70% relief from facet blocks. The injured worker reported that an epidural steroid injection made the pain worse. Current diagnoses included facet mediated low back pain and chronic neuropathic right leg pain. The physician noted that at this stage he could not see a clear cause for the leg symptoms. The treatment plan included continuing physical therapy, a prescription for Neurontin, electromyography right lower extremity and radiofrequency ablation of the bilateral L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 366.

Decision rationale: According to the guidelines, an EMG is not recommended for clinical obvious radiculopathy. In this case, the claimant had L3-L5 numbness. An MRI in 2014 showed L4-L5 arthropathy and L5-S1 disk bulging. The claimant had already undergone facet blocks with 70% improvement implying that there correlation between clinical and diagnostic findings. The request for an EMG is not medically necessary.

Radiofrequency ablation of the bilateral L4-5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation IDG- low back and pg 40.

Decision rationale: According to the guidelines: 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. In this case, the claimant did have relief from the diagnostic block. The claimant had persistent back pain. There was plan for pain psychologist and a dorsal column stimulator as adjunctive management after the ablation. The request for radiofrequency ablation is therefore appropriate and medically necessary.