

Case Number:	CM15-0074685		
Date Assigned:	04/24/2015	Date of Injury:	01/15/1992
Decision Date:	05/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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 68 year old female, who sustained an industrial injury on 1/15/92. She reported low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral spondylosis, lumbar spinal stenosis, and lumbar/sacral radiculopathy. Treatment to date has included L4-5 lumbar radiofrequency ablation, aqua therapy, chiropractic treatment, TENS, massage, and medication. A MRI performed on 4/8/13 revealed mild central canal narrowing at L4-5. Currently, the injured worker complains of low back pain that radiated to bilateral lower legs. The treating physician requested authorization for L4-5 radiofrequency ablation. A physician's report noted previous radiofrequency ablation provided positive results.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 RFA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- back chapter 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 had a prior RFA without mention of percent improvement. The time of the last RFA was not mentioned in the notes. Evidence of a prior MBB was not provided. In addition, invasive procedures such as RFA have short-term benefit. The request for L4-L5 RFA does not meet the criteria and is not medically necessary.