

Case Number:	CM15-0091056		
Date Assigned:	05/15/2015	Date of Injury:	01/19/2014
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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 63-year-old male, who sustained an industrial injury on January 19, 2014. He reported right sided low back pain. The injured worker was diagnosed as having right sacroiliac joint dysfunction, lumbar 4 through sacral 1 facet arthropathy, status post open heart surgery with medtronic implantation, diabetes and history of gastric bypass surgery. Treatment to date has included radiographic imaging, diagnostic studies, sacroiliac joint block, medications and work restrictions. Currently, the injured worker complains of right sided low back pain and right lower extremity weakness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported excellent results with previous sacroiliac joint block. Evaluation on September 4, 2014, revealed continued right low back pain and right lower extremity weakness. Sacroiliac joint radiofrequency ablation was recommended. Evaluation on January 19, 2005, revealed continued pain. He reported a 50% decrease with recent facet joint block. Computed tomography of the lumbosacral spine revealed facet joint arthropathy. Right-sided lumbosacral radio frequency ablation injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided L4-L5 & L5-S1 radio frequency ablation injection - lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12 Low Back, Radiofrequency Ablation, pages 300-301. Decision based on Non-MTUS Citation ODG, Low Back, Facet joint Radiofrequency neurotomy, pages 420-422.

Decision rationale: Report of 1/20/15 noted lumbar pain at 6/10 down to 5/10 with acupuncture. Follow-up report post 3 level lumbar facet blocks on 4/16/15 noted 50% relief from blocks; however, the patient again noted pain at 6/10 down to 5/10 from medications. The patient has undergone medial branch blocks with reported 50% relief now with request for RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none is demonstrated here in terms of therapy or pharmacological treatment trial failure as the patient reported acupuncture and medication treatment helpful. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings correlating with CT assessment. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The Right sided L4-L5 & L5-S1 radio frequency ablation injection - lumbar spine are not medically necessary and appropriate.