

Case Number:	CM15-0092931		
Date Assigned:	05/19/2015	Date of Injury:	12/02/1999
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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 76-year-old male, who sustained an industrial injury on 12/2/1999. He reported increased lower back pain along with left leg pain after losing his balance on the stairs. Diagnoses have included cervicgia. Treatment to date has included chiropractic treatment, physical therapy, lumbar epidural steroid injection, radiofrequency ablation and medication. According to the progress report dated 3/16/2015, the injured worker complained of back and leg pain. He rated his pain as 9/10; pain was reduced to 5/10 with medication. He described his pain as constant and throbbing with radiation to the left leg. It was noted that in the past he had no relief from epidurals and very good relief from radiofrequency ablation. He reported that his pain was 1/10 with the radiofrequency ablation for up to a year. Physical exam revealed tenderness to palpation of the lumbar paraspinal area and throughout the back. There was tenderness to palpation of the lumbar facet joints L3-L5, pain with facet loading maneuvers and left lumbar radicular signs. Authorization was requested for Radiofrequency Ablation under Fluoroscopy Left L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Ablation under Fluoroscopy Left L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers Compensation, Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and pg 40.

Decision rationale: 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 receive benefit for 1 yr with prior ablations; however, the most recent exam did not indicate a formal plan after the administration of the ablation. The claimant had radicular signs, which fails to meet the guidelines for blocks and subsequently ablations. The request for an additional radiofrequency ablation of the lumbar spine is not medically necessary.