

Case Number:	CM13-0022748		
Date Assigned:	11/13/2013	Date of Injury:	05/30/2012
Decision Date:	05/15/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female who reported an injury on 05/30/2012 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her lumbar spine. The injured worker's treatment history included a lumbar support, physical therapy, activity modifications, and medications. The injured worker was evaluated on 04/22/2013. A request was made for a pain management consultation and a diagnostic facet block at the L3-4, L4-5, and L5-S1 levels to assess the appropriateness of a radiofrequency ablation of the injured worker. The injured worker was evaluated on 08/08/2013. It was documented that the injured worker underwent facet injections at the L3 through the S1 on 07/08/2013 that provided 50% pain relief for approximately 1 week. However, the anesthesia record of the procedure date 07/08/2013 documented that the injured worker underwent a transforaminal epidural steroid injection bilaterally. A Letter of Medical Necessity dated 08/22/2013 documented that the injured worker was a candidate for radiofrequency ablation as they had a positive response to the medial branch block and exhibited facet mediated pain on physical examination. A request was made for a radiofrequency ablation at the L3, L4, L5, and S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RADIO FREQUENCY ABLATION FROM L3 BILATERALLY FOR THE 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), Criteria for Use of Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested radiofrequency ablation from the L3 bilaterally for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address radiofrequency ablation. The American College of Occupational and Environmental Medicine does recommend radiofrequency ablation when there is a positive response to diagnostic studies. The clinical documentation submitted for review does not clearly indicate that the employee underwent a diagnostic study to assess the employee's appropriateness for a radiofrequency ablation. The clinical documentation indicates that on 07/08/2013, the injured worker underwent a medial branch block at the L3-4, L4-5, and L5-S1 levels. However, the anesthesia procedure report indicates that the employee underwent a bilateral transforaminal epidural steroid injection. Therefore, the actual diagnostic study cannot be appropriately identified. Additionally, the clinical documentation indicates that the injured worker had 50% pain relief for at least 1 week. This would be considered an extended response to the medial branch block. Therefore it is unclear if the employee underwent a medial branch block with Lidocaine or a facet injection with corticosteroids. Therefore, the appropriateness of a radiofrequency ablation cannot be determined. As such, the request for radiofrequency ablation from the L3 bilaterally for the lumbar spine is not medically necessary or appropriate.

RADIO FREQUENCY ABLATION FROM L4 BILATERALLY FOR THE 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), Criteria for Use of Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested radiofrequency ablation from the L4 bilaterally for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address radiofrequency ablation. The American College of Occupational and Environmental Medicine does recommend radiofrequency ablation when there is a positive response to diagnostic studies. The clinical documentation submitted for review does not clearly indicate that the employee underwent a diagnostic study to assess the employee's appropriateness for a radiofrequency ablation. The clinical documentation indicates that on 07/08/2013, the injured worker underwent a medial branch block at the L3-4, L4-5, and L5-S1 levels. However, the anesthesia procedure report indicates that the employee underwent a bilateral transforaminal epidural steroid injection. Therefore, the actual diagnostic study cannot be appropriately identified. Additionally, the clinical documentation indicates that the injured worker had 50% pain relief for at least 1 week. This would be considered an extended response to the medial branch block. Therefore it is unclear if the employee underwent a medial branch block with Lidocaine or a facet injection with corticosteroids. Therefore, the appropriateness of a radiofrequency ablation cannot be determined. As such, the request for radiofrequency ablation from the L4 bilaterally for the lumbar spine is not medically necessary or appropriate.

RADIO FREQUENCY ABLATION FROM L5 BILATERALLY FOR THE 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), Criteria for Use of Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested radiofrequency ablation from the L5 bilaterally for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address radiofrequency ablation. The American College of Occupational and Environmental Medicine does recommend radiofrequency ablation when there is a positive response to diagnostic studies. The clinical documentation submitted for review does not clearly indicate that the employee underwent a diagnostic study to assess the employee's appropriateness for a radiofrequency ablation. The clinical documentation indicates that on 07/08/2013, the injured worker underwent a medial branch block at the L3-4, L4-5, and L5-S1 levels. However, the anesthesia procedure report indicates that the employee underwent a bilateral transforaminal epidural steroid injection. Therefore, the actual diagnostic study cannot be appropriately identified. Additionally, the clinical documentation indicates that the injured worker had 50% pain relief for at least 1 week. This would be considered an extended response to the medial branch block. Therefore it is unclear if the employee underwent a medial branch block with Lidocaine or a facet injection with corticosteroids. Therefore, the appropriateness of a radiofrequency ablation cannot be determined. As such, the request for radiofrequency ablation from the L5 bilaterally for the lumbar spine is not medically necessary or appropriate.

RADIO FREQUENCY ABLATION FROM S1 BILATERALLY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested radiofrequency ablation from the S1 bilaterally for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address radiofrequency ablation. The American College of Occupational and Environmental Medicine does recommend radiofrequency ablation when there is a positive response to diagnostic studies. The clinical documentation submitted for review does not clearly indicate that the employee underwent a diagnostic study to assess the employee's appropriateness for a radiofrequency ablation. The clinical documentation indicates that on 07/08/2013, the injured worker underwent a medial branch block at the L3-4, L4-5, and L5-S1 levels. However, the anesthesia procedure report indicates that the employee underwent a bilateral transforaminal epidural steroid injection. Therefore, the actual diagnostic study cannot be appropriately identified. Additionally, the clinical documentation indicates that the injured worker had 50% pain relief for at least 1 week. This would be considered an extended response to the medial branch block. Therefore it is unclear if the employee underwent a medial branch block with Lidocaine or a facet injection with corticosteroids. Therefore, the appropriateness of a radiofrequency ablation cannot be determined. As such, the request for radiofrequency ablation from the S1 bilaterally for the lumbar spine is not medically necessary or appropriate.

FOLLOW-UP IN 4-6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.