

Case Number:	CM13-0014552		
Date Assigned:	12/11/2013	Date of Injury:	06/18/2008
Decision Date:	02/14/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, District of Columbia, and Maryland. 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 claimant is a 68 years old female with stated date of injury to the lower back of 06/18/2008. Mechanism of injury: Not documented. According to Medical Report of 7/30/13, the patient was status post medial branch blocks on 11/07/12, second was on 07/03/13., with 70% reduction in pain level, but for less the six weeks the guideline stipulated the patient reported 70-80 percent improvement with each Piriformis injection performed on 7/30/13. MRI findings of the lumbar spine consistent with facet arthropathy involving levels L2-L3 and L3-L1, at L4-L5 there was bilateral facet arthropathy, a fluid filled region in the right facet suggesting inflammation as well at L5-S1 there was moderate facet osteoarthritis bilaterally. According to Medical Report on 7/30/13, the patient would like to proceed at this point with the radiofrequency rhizotomy given that pain had returned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2, L3, L4 and L5 radiofrequency rhizotomy under fluoroscopic guidance under conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310, Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS (Effective July 18, 2009) is mute on radiofrequency rhizotomy under fluoroscopy guidance and conscious sedation right L2, L3, L4 and L5. CA MTUS 2009:9792.23.5. Low Back Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 308-310. There is no recommendation for or against radiofrequency neurotomy for the treatment of selected patients with low back pain. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding lumbar region. Lumbar facet neurotomies reportedly produced mixed results. ODG Low Back (updated 05/10/13) Facet joint radiofrequency neurotomy 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 interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of pain relieve the first procedure is documented for at least 12 weeks at 50 percent 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. Facet rhizotomy has shown efficacy in the setting of successful diagnostic facet block that result in 50 percent or greater pain reduction for at least 6 weeks. The medical file documents that the claimant had a facet block on 7/13/13 with 80 percent pain reduction, for less than 6 weeks from the injection. The guideline stated "A neurotomy should not be repeated unless duration of pain relieve the first procedure is documented for at least 12 weeks at 50 percent relief. Therefore this request for Radiofrequency Rhizotomy under Fluoroscopic Guidance under Conscious Sedation Right L2, L3, L4 and L5 is not medically necessary.