

Case Number:	CM13-0018574		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2005
Decision Date:	08/20/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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/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 61-year-old female who reported an injury on 11/07/2005. The mechanism of injury was not provided. On 06/26/2013, the injured worker presented with low back pain. On examination, there was low back pain to the right with extension maneuvers and mild to moderate lumbar paraspinal tenderness over the L4-5 and L5-S1 lateral masses. Diagnoses were degenerative disc disease of the thoracic, facet syndrome, trochanter bursitis, degenerative disc disease of the lumbar, and myofascial pain syndrome. Therapy included medications, surgeries, and a prior radiofrequency neurotomy. The provider recommended a right radiofrequency neurotomy for the L3, L4, and L5, as the low back pain has now worsened back to its previous level. A request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT RADIOFREQUENCY NEUROTOMY RIGHT L3, L4, L5: 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, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for right radiofrequency neurotomy right L3, L4, L5 is not medically necessary. The California MTUS states that invasive techniques, local injections, and facet joint injections of cortisone and lidocaine are of questionable merit. Additionally, the Official Disability Guidelines state facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of the procedure and approval of treatment should be made on a case-by-case basis. Criteria for use of a facet joint radiofrequency neurotomy include treatment requires a diagnosis of facet joint pain, repeat neurotomies may be required and they should not occur at an interval of less than 6 months from the first procedure, and neurotomies should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. Pain relief should generally last at least 6 months of duration and no more than 3 procedures should be performed in a year's period. Approval of repeat neurotomies depends on evidence of adequate diagnostic blocks, documented improvement in VAS scores, decreased medication, and documented improvement in function. The medical documents submitted for review lack evidence of documented improvement in VAS score, decreased medications, and documented improvement in function. Additionally, adequate documentation of pain relief greater or equal to 50% and a reduction of pain medication, with at least 6 months duration was not documented. As such, the request for RIGHT radiofrequency neurotomy right L3, L4, L5 is not medically necessary.