

Case Number:	CM13-0020376		
Date Assigned:	10/11/2013	Date of Injury:	03/13/1992
Decision Date:	02/03/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/05/2013

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 Orthopedic Surgery and is licensed to practice in Texas and Nebraska. 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 patient is a 62-year-old injured worker who reported an injury on 03/13/1992. The mechanism of injury was due to a work related issue that was not fully addressed in the documentation. According to the documentation, the patient has had a course of lumbar facet blocks which provided about 90% reduction in their pain. The patient is also status post lumbar laminectomy of 3 levels from L3 to L5-S1 and was noted to have improvement in their lower extremities, pain and function as of 07/17/2013. The patient has had ongoing history of complaints of lower back pain and is now requesting a lumbar radiofrequency ablation at the

██████████.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency Ablatio (RFA) at the ██████████: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: Under the California MTUS/ACOEM Guidelines, it states that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended. 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 the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Indications are listed as facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The medical records provided for review indicate that the patient has had ongoing low back pain, and documentation states that the patient has had previous medial branch blocks in the lumbar region. The physician has failed to request the specific levels at which the RFA is being requested for. Furthermore, the patient is suspected of having radiculopathy which is exclusionary to the criteria. Lastly, the documentation does not provide the procedure report of a positive medial branch block which is required for a patient to undergo a radiofrequency neurotomy. The request for a Lumbar Radiofrequency Ablatio (RFA) at the [REDACTED] is not medically necessary and appropriate.