

Case Number:	CM13-0025936		
Date Assigned:	11/22/2013	Date of Injury:	12/11/2000
Decision Date:	04/17/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in 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 patient is a 55-year-old male who reported injury on 12/15/2000. The mechanism of injury was not provided. The most recent documentation was dated 10/01/2013 which revealed the patient had a history of having a lumbar radiofrequency neurotomy at the levels of L2-L5. The physical examination revealed the patient had full forward flexion with a limited extension to neutral. The impression was noted to include lumbar facet arthropathy at L4-5 and L5-S1 with noted synovitis. The patient's diagnosis was noted to include multilevel lumbar degenerative disc disease, most significantly noted at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L2-L5 RADIOFREQUENCY ABLATION: 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 Chapter, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate that for repeat neurotomies there should be documentation of an objective decrease in the VAS score, documented increase in objective function and the duration of relief from the first procedure for at least 12 weeks at ≥ 50% relief and it is recommended for no more than 2 levels. The patient should have a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The patient's objective physical examination failed to provide the patient had facet mediated pain. The clinical documentation submitted for review indicated the patient had a prior neurotomy. There was a lack of documentation indicating the patient met the above criteria and the request for 3 levels exceeds guideline recommendations. Given the above, the request for bilateral L2-L5 radiofrequency ablation is not medically necessary.