

Case Number:	CM13-0036198		
Date Assigned:	12/13/2013	Date of Injury:	02/09/2004
Decision Date:	02/26/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 and Rehabilitation and is licensed to practice in California. 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 suffered a low back injury on 2/9/04 from lifting/placing 100 to 130 pounds of plywood. He has low back pain with radiation to the right leg. Straight leg raising causes low back and leg pain, although the low back pain is worse than the leg pain. His treating physician found lumbar mechanical pain and possible right lower extremity radiculopathy; diagnosed him as having syndrome, lumbar sprain and osteoarthritis. He underwent lumbar radiofrequency in March 2012 and has been treated with Duragesic, Norco 10/325 mg, and Gabapentin 600 mg. A repeat radiofrequency L2-L5 has been requested at least since August 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar radiofrequency rhizotomy at L2-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient's condition does not meet the criteria listed in the Official Disability Guidelines. The guidelines state that no more than one therapeutic intra-articular block

is recommended. However, this request is for multiple levels, from L2-L5. The guidelines also say that a successful procedure will include initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. In this case, there is inconsistency in the pain relief reported. While the provider stated that the patient received 50% relief for 8 months, the treatment report of 6/20/12 indicated that the patient had 9/10 pain with severe activity limitations and no change in medication use. The guidelines also say that there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The records did not indicate any formal plan of evidence-based activity and exercise in addition to facet joint injection therapy. There is also conflicting evidence on the efficacy of this facet joint radiofrequency neurotomy procedure. Therefore, the requested radiofrequency rhizotomy is not medically necessary or appropriate at this time.