

Case Number:	CM13-0037767		
Date Assigned:	01/03/2014	Date of Injury:	11/17/2004
Decision Date:	03/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 11/17/2004. The patient was noted to have undergone prior lumbar facet rhizotomies which were helpful in controlling pain and allowing the patient to continue working for periods of 1 year. The mechanism of injury was noted to be the patient bent to lift a fax machine that was about 31 pounds and twisted to the right and sat down and the patient was noted to have sharp pain in the back and could not walk. The most recent clinical documentation submitted for review dated 07/29/2013 revealed the patient had a positive straight leg raise bilaterally down to the left leg and into the right low back. The patient had positive facet loading bilaterally and had decreased sensation in the left leg throughout. There was noted to be decreased strength in the left leg with hip flexion, knee extension, dorsiflexion, plantar flexion, and extensor hallucis longus and there was tenderness to palpation over the lumbar paraspinals and SI joint regions. The patient's diagnoses were noted to include lumbago, lumbar radiculopathy, lumbar facet dysfunction and disc protrusions, depression, and chronic pain syndrome. The request was made for a repeat radiofrequency ablation of bilateral L3, L4, L5, and S1 medial branches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar radiofrequency rhizotomy ablation at L3, L4, L5, and S1 medial branches:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300-301.

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: Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of a duration of relief from the first procedure for at least 12 weeks at ≥ 50% 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. Additionally, the 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. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the patient had prior rhizotomies. There was lack of documentation indicating the patient had at least 12 weeks of greater than 50% relief. It was indicated the patient had relief for 1 year; however, there was failure to objectively indicate the results. Additionally, the patient had radicular findings, a lack of a normal straight leg raise examination, and a lack of a normal sensory examination. Given the above, the request for 1 lumbar radiofrequency rhizotomy ablation at L3, L4, L5, and S1 medial branches is not medically necessary.