

Case Number:	CM13-0038225		
Date Assigned:	03/28/2014	Date of Injury:	06/12/2007
Decision Date:	04/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine 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 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:

According to the records made available for review, this is a 46-year-old male with a 6/12/07 date of injury. At the time (7/16/13) of the request for authorization for repeat lumbar radiofrequency ablation, there is documentation of subjective (sharp pain on the right side) and objective (lumbar spine range of motion reveals limitations with flexion and extension, tension as well as slight tenderness in the lumbar paraspinal muscles bilaterally but slightly worse on the right side) findings, current diagnoses (lumbago and lumbosacral spondylosis without myelopathy), and treatment to date (RFA February 2013). There is no documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at ≥ 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LUMBAR RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at ≥ 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure as criteria necessary to support the medical necessity of repeat facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbago and lumbosacral spondylosis without myelopathy. However, there is no documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least Final Determination Letter for IMR Case Number [REDACTED] 4 12 weeks at ≥ 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. Therefore, based on guidelines and a review of the evidence, the request for repeat lumbar radiofrequency ablation is not medically necessary.