

Case Number:	CM13-0040740		
Date Assigned:	12/20/2013	Date of Injury:	04/22/2009
Decision Date:	02/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 65-year-old male who reported an injury on 04/22/2009. The patient is diagnosed as status post laminectomy pain syndrome, facetogenic pain at L4-5 and L5-7, and axial low back pain. The patient was seen by [REDACTED] on 09/12/2013. The patient reported lower back and left shoulder pain. Physical examination revealed significant tenderness over the lower lumbar facets, decreased range of motion, positive facet loading test by laterally, and negative straight leg raising. Treatment recommendations included continuation of current medications and a facet neurectomy at L3-4 medial branches and L5 primary ramus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of left lumbar facet at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Radiofrequency Ablation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Radiofrequency Neurotomy

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the clinical documentation submitted, the patient has undergone lumbar facet diagnostic blocks at L4-5 and L5-S1 on 07/29/2013. Documentation of pain relief and objective measurable improvement was not provided. Additionally, it is noted that the patient was treated with an epidural steroid injection, which significantly improved symptoms of radiculopathy. The patient underwent a CT scan of the lumbar spine on 02/18/2013, which indicated posterolateral fusion bilaterally from L4 and S1, and lumbar interbody fusion at L4-5. Fusion is clearly listed as an exclusionary criteria by Official Disability Guidelines for facet targeted procedures such as radiofrequency ablation. Based on the clinical information received, the request is non-certified.