

Case Number:	CM13-0043961		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2006
Decision Date:	04/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 34-year-old male who reported an injury on 04/14/2006. The mechanism of injury was noted to be a fall. The patient's diagnoses include status post lumbar/lumbosacral fusion at the L4-L5 level, lumbar degenerative disc disease, lumbar radiculitis, and lumbar facet syndrome. His symptoms include moderate to severe low back pain. Physical examination findings include decreased range of motion of the lumbar spine, moderate to severe tenderness to palpation at the right L4-S1 paravertebral muscles and spinous processes, as well as palpable spasm and negative straight leg raising. The patient was noted to have reported 50% to 60% relief from his recent facet block injections at the L4-5 level bilaterally which lasted 2.5 weeks. He was also noted to be able to reduce some of his short acting breakthrough pain medication during that time. Based on the patient's response to his facet block injections, a request was made for bilateral L4-5 lumbar radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH L4-5 RADIOFREQUENCY ABLATION RHIZOTOMIES: Upheld

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

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, Facet Joint Diagnostic Blocks (injections).

Decision rationale: According to ACOEM Guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain; however, similar quality literature does not exist regarding the same procedure in the lumbar region. The guidelines further state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. More specifically, the Official Disability Guidelines indicate that facet joint radiofrequency neurotomies may be recommended following the diagnosis of facet joint pain using medial branch blocks. However, the ODG also indicate that treatment of the facet joints is not recommended in patients who have had a previous fusion procedure at the planned procedure level. As a 04/05/2013 report indicates that the patient has a fusion at the requested level, the request is not supported. As such, the request for medial branch L4-5 radiofrequency ablation rhizotomies is non-certified