

Case Number:	CM13-0047738		
Date Assigned:	12/27/2013	Date of Injury:	06/05/2008
Decision Date:	04/25/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 72-year-old male who was injured on 6/5/08. He has been diagnosed with lumbar facet pain confirmed by medial branch block (MBB); and axial and radicular pain neuropathy. According to the 10/13/13 pain management report from [REDACTED], the patient presents with low back pain, managed well with medications. On 7/16/13, he had bilateral L4/5 and L5/S1 medial branch block with Lidocaine and Marcaine. The pain is reported to have dropped from 5/10 to 1/10 for several hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SIDE LUMBAR RADIO FREQUENCY AT L4-L5 AND L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter , Facet Joint Radiofrequency Neurotomy.

Decision rationale: The patient is reported to have failed back syndrome, and failed SCS, but there is no indication of what type of, or what location the lumbar surgery was performed. ODG

guidelines do not recommend facet diagnostic blocks at levels that were previously fused. The reports show that the patient had the diagnostic MBB at bilateral L4/5 and L5/S1. Pain was reported to go from 5/10 to 1/10. MTUS/ACOEM guidelines trump ODG guidelines. MTUS/ACOEM states, "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. Lumbar facet neurotomies reportedly produce mixed results." MTUS/ACOEM guidelines do not appear to support lumbar radiofrequency neurotomies.

1 OUTPATIENT FACILITY: RINALDI SURGERY CENTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600 (a).

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

Decision rationale: The patient is reported to have failed back syndrome. The UR apparently separated the request for a lumbar radiofrequency procedure, and the surgery center rental. As noted, the MTUS/ACOEM and ODG guidelines do not recommend the lumbar radiofrequency ablation procedure, and the procedure could not be recommended. There does not appear to be necessity for the surgery center without the approval of the surgery. Other than the MTUS/ACOEM guidelines for the lumbar radiofrequency ablation, there are no specific guidelines for a surgical center. Following the LC4610.5 (2) hierarchy of review standards, this would be under (E) generally accepted standards of medical practice.