

Case Number:	CM13-0048345		
Date Assigned:	12/27/2013	Date of Injury:	04/15/1999
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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 51-year-old male who reported a work-related injury on 04/15/1999; the specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: myoclonus; sciatica; carpal tunnel syndrome; lumbar disc displacement without myelopathy and spondylosis, lumbosacral. The clinical note dated 10/29/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient utilized the following medication regimen for his chronic pain: Cymbalta, Flector patch, Lyrica, Benadryl, Seroquel, pantoprazole, nabumetone, diclofenac sodium topical analgesic, orphenadrine/Norflex, gabapentin and Nuvigil. The provider documented that the patient reported chronic low back pain with radiation of pain complaints to the bilateral lower extremities, greater on the right than the left. The provider documented that the patient was status post L3, L4 and L5 medial branch blocks for the treatment of bilateral facet arthropathy. The provider documented that the patient underwent a previous lumbar facet RFA as of 06/03/2011 with 75% relief of pain for several months. The provider documented that the patient's axial lumbar spine pain had returned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Each additional level fluoroscopy guidance IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301.

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

Decision rationale: The California MTUS/ACOEM indicates that 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. The clinical notes failed to document a recent physical exam of the patient to support facet-mediated pain indicative of the requested surgical procedure at this point in the patient's treatment. Additionally, the request submitted for review does not specify the levels at which the neurotomy is to be rendered. The request for each additional level fluoroscopy guidance IV sedation is not medically necessary or appropriate.

Bilateral permanent lumbar facet injection (aka radiofrequency ablation): Upheld

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

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

Decision rationale: The California MTUS/ACOEM indicates that 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. The clinical notes failed to document a recent physical exam of the patient to support facet-mediated pain indicative of the requested surgical procedure at this point in the patient's treatment. Additionally, the request submitted for review does not specify the levels at which the neurotomy is to be rendered. The request for Bilateral permanent lumbar facet injection (aka radiofrequency ablation) is not medically necessary or appropriate.