

Case Number:	CM13-0050320		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2002
Decision Date:	02/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and 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:

This patient is a 49-year-old female who reported an injury on 08/26/2002. The mechanism of injury was not provided. The patient was noted to have undergone a medial branch nerve block which provided 90% pain relief for 1 month. The medial branch nerve block was noted to be on 09/05/2013. The patient was also noted to have an epidural steroid injection on 09/05/2013, which provided greater than 80% relief. Documentation dated 11/10/2013 revealed the patient had tenderness upon palpation in the paravertebral area, a sensory examination that was within normal limits bilaterally, motor strength that was within normal limits bilaterally, and a straight leg raise in the seated position and the legs fully extended was noted to be negative at 90 degrees for radicular pain bilaterally. The request was made for a bilateral L4-S1 radiofrequency rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral L4-S1 radiofrequency rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated the patient had both an epidural steroid injection and a facet injection on 09/05/2013 per the documentation of two different dates. There was a lack of clarification indicating if the patient had both injections, as it was noted per the documentation of 11/10/2013 that the patient had a medial branch nerve block that provide 90% relief. If the patient had both injections on the same day, there would be an inability to distinguish whether the pain relief was from an epidural steroid injection or from the lumbar facet injection. Given the above, and the lack of clarification, the request for a bilateral L4-S1 radiofrequency rhizotomy is not medically necessary.