

Case Number:	CM13-0056599		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2012
Decision Date:	05/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in Pain Management 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 patient with a date of injury of 1/3/12. A utilization review determination dated 10/21/13 recommends non-certification of radiofrequency thermocoagulation L2-3, L3-4, and L4-5. It references a 9/25/13 medical report identifying that the patient did well with medial branch block, but radiofrequency did not appear to help. SLE was positive bilaterally. 12/11/13 medical report identifies pain going down the right leg with numbness in the lateral aspect of the right leg. On exam, there is no tenderness and ROM is unrestricted. SLR is positive on the right and Patrick's test is positive on the right. There is numbness in the L4 and L5 distributions on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

RAIDOFREQUENCY THERMOCOAGULATION L2-3 QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for RADIOFREQUENCY THERMOCOAGULATION, California MTUS cites that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG cites that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at $\geq 50\%$ relief. Within the documentation available for review, there is documentation of a recent neurotomy that did not provide the amount and duration of relief recommended by ODG. Rather, it appears that it did not help. Furthermore, the documentation does not clearly identify successful medial branch blocks (defined as at least 70% pain relief for the duration of the anesthetic) and the patient is noted to have radicular symptoms/findings, while facet procedures are indication for non-radicular pain. In light of the above issues, the currently requested RADIOFREQUENCY THERMOCOAGULATION is not medically necessary.

RADIOFREQUENCY THERMOCOAGULATION L3-4 QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for RADIOFREQUENCY THERMOCOAGULATION, California MTUS cites that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG cites that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at $\geq 50\%$ relief. Within the documentation available for review, there is documentation of a recent neurotomy that did not provide the amount and duration of relief recommended by ODG. Rather, it appears that it did not help. Furthermore, the documentation does not clearly identify successful medial branch blocks (defined as at least 70% pain relief for the duration of the anesthetic) and the patient is noted to have radicular symptoms/findings, while facet procedures are indication for non-radicular pain. In light of the above issues, the currently requested RADIOFREQUENCY THERMOCOAGULATION is not medically necessary.

RADIOFREQUENCY THERMOCOAGULATION L4-5 QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309.

Decision rationale: Regarding the request for RADIOFREQUENCY THERMOCOAGULATION, California MTUS cites that facet neurotomies should be performed

only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG cites that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at ≥ 50% relief. Within the documentation available for review, there is documentation of a recent neurotomy that did not provide the amount and duration of relief recommended by ODG. Rather, it appears that it did not help. Furthermore, the documentation does not clearly identify successful medial branch blocks (defined as at least 70% pain relief for the duration of the anesthetic) and the patient is noted to have radicular symptoms/findings, while facet procedures are indication for non-radicular pain. In light of the above issues, the currently requested RADIOFREQUENCY THERMOCOAGULATION is not medically necessary.