

Case Number:	CM13-0066845		
Date Assigned:	01/03/2014	Date of Injury:	11/23/2007
Decision Date:	05/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 67-year-old male who reported an injury on 11/23/2007. The mechanism of injury was not stated. Current diagnoses include failed back surgery syndrome and lumbar facet arthropathy. The injured worker was evaluated on 08/22/2013. The injured worker reported an increase in lower back pain with a burning sensation in the left lower extremity. The injured worker previously underwent a radiofrequency ablation of the facet joints in the lumbar area on the right side at L1-2 and L2-3. Physical examination revealed tenderness to palpation, paravertebral muscle spasm, and intact sensation in the bilateral lower extremities. Treatment recommendations included a repeat rhizotomy at L1-2 and L2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT RIGHT L1-L2 AND L2-L3 LUMBAR ABLATION PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

Decision rationale: : California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, the injured worker has previously undergone a radiofrequency ablation. Although the injured worker reported 70% relief following the initial procedure, there is no evidence of objective functional improvement. Therefore, a repeat procedure cannot be determined as medically appropriate. As such, the request for a repeat right L1-L2 and L2-L3 lumbar ablation procedure is not medically necessary.