

Case Number:	CM13-0068862		
Date Assigned:	01/03/2014	Date of Injury:	10/23/2000
Decision Date:	07/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Sports Medicine 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 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 44-year-old female with an injury reported on 10/23/2000. The mechanism of injury was not provided within the clinical notes. The clinical note dated 10/17/2013, reported the injured worker complained of increased lower back pain. The physical examination revealed the injured worker's lumbar range of motion was restricted in both anterior posterior and lateral planes. The motor function of the lower extremities was noted at -5/5. It was noted the injured worker had a negative straight leg raise bilaterally. The sensory evaluation revealed symmetrically equal without deficits. The injured worker's prescribed medication list included Ultram 50 mg and Lidoderm 5% patches. The injured worker's diagnoses included lumbar facet syndrome, lumbar radiculitis, and lumbar discogenic disease. It was noted the injured worker had a previous lumbar radiofrequency lesioning at the L4-5 and L5-S1 that was reported to last for 8 months with an approximate 90% to 95% pain relief. It was also reported that the injured worker's diagnostic facet injections had the same significant relief. The provider requested a repeat bilateral 2 level radiofrequency lesioning at the L4-5 to L5-S1 to decrease pain to the lumbar area. The Request for Authorization was submitted on 12/20/2013. The injured worker's prior treatments included bilateral lumbar radiofrequency lesioning at the L4-5 and L5-S1 area (date not within clinical documentation).

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BILATERAL 2 LEVEL RADIOFREQUENCY LESIONING AT L4/L5, L5/S1:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, facet joint radiofrequency neurotomy.

Decision rationale: The CA MTUS/ACOEM Guidelines recommend radiofrequency neurotomy for the treatment of select patients with low back pain. 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 state while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. It was noted the injured worker complained of increased lower back pain. The provider's rationale for a repeat bilateral radiofrequency lesioning is due to the decreased pain from the previous radiofrequency lesioning. It is noted that the injured worker had a 90% to 95% relief of symptoms for 8 months; however, the specific date of the previous radiofrequency lesioning was not provided in clinical notes. Furthermore, there is a lack of clinical information indicating any functional gain with the previous radiofrequency lesioning. As such, the request for Repeat Bilateral 2 Level Radiofrequency Lesioning at L4/L5, L5/S1 is not medically necessary.