

Case Number:	CM14-0003522		
Date Assigned:	02/03/2014	Date of Injury:	01/17/2008
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiologist and 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 58 year old male who reported an injury on 01/17/2008. The mechanism of injury was not provided. Per the 12/06/2013 clinical note, the injured worker reported low back pain radiating to the left lower extremity. Objective findings included limited joint mobility in the lower back. The injured worker's diagnoses included degeneration of lumbar or lumbosacral intervertebral disc; degeneration of lumbar intervertebral disc; displacement of lumbar intervertebral disc without myelopathy; lumbar disc prolapse with radiculopathy; synovial cyst of lumbar spine; and other ganglion and cyst of synovium, tendon, and bursa. An MRI performed 05/29/2013 showed a large L4-5 synovial cyst, L4-5 transverse thecal compression with advanced degeneration, previous lumbar surgery at L4-5, and an atypical marrow signal within L5 posteriorly. Treatment to date included medications and a lumbar epidural steroid injection performed 04/17/2013. The injured worker was recommended for aspiration of the L4-5 cyst and a radiofrequency neurotomy. The request for authorization form was submitted on 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR RADIO FREQUENCY NEUROTOMY AT L4-5 LS-S1 LEVELS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet joint diagnostic blocks (injections), Criteria for the use of diagnostic blocks for facet "mediated" pain

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 request for left lumbar radiofrequency neurotomy at L4-5 and L5-S1 levels is not medically necessary. ACOEM states there is a lack of literature to demonstrate that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary pain relief. Lumbar facet neurotomies reportedly produce mixed results. The Official Disability Guidelines further state, treatment requires a diagnosis of facet joint pain using a medial branch block. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The medical records provided indicate the injured worker was experiencing radiating back pain with limited joint mobility. There is a lack of documentation to support a diagnosis of facet joint pain. It does not appear a diagnostic medial branch block had been performed. There is also no evidence of a formal plan of conservative care. The medical necessity for a radiofrequency neurotomy was not established. As such, the request is not medically necessary.