

Case Number:	CM14-0004902		
Date Assigned:	01/24/2014	Date of Injury:	09/28/2007
Decision Date:	06/09/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 56 year old male who reported an injury on 08/09/2006. The mechanism of injury was not provided. Per the 12/16/2013 clinical note, the injured worker reported low back and right leg pain rated at 7/10. Physical exam findings included tenderness to palpation of the right lumbar facet joints, increased low back pain with extension and rotation, and negative straight leg raising. Examination of the lower extremities noted normal sensory exam and deep tendon reflexes bilaterally. The injured worker's diagnoses included right lumbar facet pain and right knee arthritis. Medications included Norco 10/325mg and Soma 350mg. On 04/04/2013, the injured worker received radiofrequency ablation of the right medial branch nerves at L3-4, L4-5, and L5-S1 and lateral branch nerves at S1, S2, and S3. The injured worker had a previous right medial branch neurotomy at L3-4, L4-5, L5-S1, and S1 performed 12/15/2011. The injured worker reported 80% reduction in pain after both procedures. The provider recommended a right lumbar radiofrequency ablation at L4-5 and L5-S1. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR RADIO FREQUENCY AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 right lumbar radiofrequency at L4-5 and L5-S1 is not medically necessary. ACOEM states there is a lack of literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of 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 the following criteria for the use of facet joint radiofrequency neurotomy: treatment requires a diagnosis of facet joint pain using a medial branch block; a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at at $\geq 50\%$ relief; the current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration); approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function; and 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 received 80% reduction in pain from a previous neurotomy performed 04/04/2013. However, it is unclear the duration of pain relief. It is also unclear if the injured worker experienced any functional improvement. There is no documentation of a recent diagnostic block or plan of conservative care. As such, the request is not medically necessary.