MAXIMUS Federal Services

Case Number:	CM14-0102910		
Date Assigned:	07/30/2014	Date of Injury:	06/27/2012
Decision Date:	09/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 26-year-old female who reported an injury on 06/27/2012 due to cumulative trauma. On 05/01/2014 the injured worker presented for a follow-up status post right lumbar sympathetic injection on 03/25/2014 with over 80% pain relief in the right lower extremity. Medication use was decreased by approximately 50% and functional ability increased moderately with increase in activity level and endurance. Upon examination there was improved range of motion and increased sensation to the right knee and calf. The right leg is weak, with inability to heel toe walk. The diagnoses were CRPS (complex regional pain syndrome) of the right leg and status post lumbar sympathetic injection with relief. Prior therapy included medications, home exercise and a sympathetic injection. The provider recommended radiofrequency rhizotomy of the right lumbar in a follow-up visit. The provider's rationale was not provided. The Request for Authorization form was dated 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency/Rhizotomy of the right lumbar sympathetic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter; CRPS, Sympathectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for Radiofrequency/Rhizotomy of the right lumbar sympathetic is not medically necessary. The California MTUS/ACOEM Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet nerves in the cervical spine provides good temporary relief of pain, though similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. The Official Disability Guidelines state that facet joint radiofrequency neurotomies are under study. Conflicting evidence is available as to the efficacy of this procedure, and approval of a treatment should be made on a case by case basis. Criteria for use of facet joint radiofrequency neurotomy include: treatment requires a diagnosis of facet joint pain using a medial branch block; no more than 2 joint levels are to be performed at 1 time; there should be evidence of a formal plan of evidence-based conservative care in addition to facet joint therapy. The medical documentation submitted states that the injured worker was post lumbar sympathetic injection on 03/25/2014, with over 80% pain relief in the right lower extremity. There was a decrease of medication at approximately 50% and increased functional ability with activity, moderately. There was lack of objective measures of functional improvement with the prior use of a sympathetic injection. There was also lack of documentation that the injured worker completed initially recommended conservative treatment including medications and physical methods. Additionally, the guidelines state that radiofrequency rhizotomy is under study, and there is no good quality literature to support the treatment. As such, medical necessity has not been established.

A follow-up visit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Office Visit.

Decision rationale: The request for a follow-up visit is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of injured workers. The need for clinical office visits with a health care provider is individualized based on a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. As injured worker conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with the eventual patient independence from the health care system through self-care as soon as clinically feasible. As the request for the radiofrequency rhizotomy was not medical necessary, a follow-up visit would not be medical necessary.