

Case Number:	CM14-0105172		
Date Assigned:	08/27/2014	Date of Injury:	10/16/2010
Decision Date:	10/02/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Illinois. 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 62 year old male who reported an injury on 10/16/2010 due to lifting. The injured worker had diagnoses including lumbosacral strain and sciatica. The past treatment included medications, physical therapy, a right transforaminal L5-S1 epidural steroid injection in 08/2011, lumbar radiofrequency ablation of L3, L4 and L5 levels on 04/21/2011 that was successful, a repeat on 03/01/2012 and 11/20/2012 that were also successful with reported pain relief of 60% for 6-7 months, and chiropractic care in 12/2012. Diagnostic testing included x-rays of lumbar sacral spine and an MRI of the lumbosacral spine 11/11/2010. The injured worker complained of lower back pain and right lower extremity sciatica on 07/01/2014, with reports of pain radiating down the posterior thigh less than one time per month. The injured worker reported pain rated 5-8/10 on average. Physical examination revealed lumbar flexion was 30 degrees and extension was 5 degrees and produced severe low back pain over the bilateral L4-5 and L5-S1 facet joints. Medications included Ibuprofen, Vicodin, and Gabapentin. The treatment plan was for bilateral lumbar radiofrequency neurotomy at L3, L4, and L5. The rationale for the request was not submitted. The request for authorization form was submitted on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar radiofrequency neurotomy at L3, L4 and L5 at [REDACTED]

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): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint radiofrequency neurotomy

Decision rationale: The request for bilateral lumbar radiofrequency neurotomy at L3, L4, L5 is not medically necessary. The injured worker underwent lumbar radiofrequency ablation of L3, L4 and L5 levels on 04/21/2011 that was successful, a repeat on 03/01/2012 and 11/20/2012 that were also successful with reported pain relief of 60% for 6-7 months. The injured worker complained of lower back pain and right lower extremity sciatica on 07/01/2014. The California MTUS/ ACOEM 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. In addition the Official Disability Guidelines state facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using a medial branch block. The guidelines note repeat neurotomies may be required and 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 50% relief. 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. The injured worker had prior neurotomies at the requested levels with the most recent two neurotomies providing 60% pain relief for 6-7 months. There is a lack of documentation demonstrating decreased medication usage and significant objective functional improvement with the prior neurotomies. There is a lack of documentation of specific improvement in VAS scores. As such, the request for bilateral lumbar radiofrequency neurotomy at L3, L4, L5 is medically not necessary.