

Case Number:	CM14-0011862		
Date Assigned:	02/21/2014	Date of Injury:	11/30/1995
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 61-year-old female with a date of injury of 11/30/1995. The listed diagnoses per [REDACTED] are: 1. Degenerative lumbar/lumbosacral disk disease. 2. Displacement lumbar intervertebral disk. 3. Spinal stenosis lumbar region. 4. Thoracic/lumbar neuritis/radiculitis. 5. Chronic pain syndrome. 6. Pain in joint lower leg. According to the 01/09/2014 progress report by [REDACTED], the patient complaints of worsening pain in low back, left hip, bilateral thigh, bilateral knee, and right foot. Examination revealed patient has difficulty standing from a sitting position and the left knee produced limited and painful range of motion. There is no examination of the lower back. Treater states the patient is using a spinal cord stimulator for her lower extremity pain. The treater is requesting bilateral lumbar rhizotomy at L4 to S1 to help with her significant low back pain. It was noted that her last lumbar rhizotomy was in January of 2013 which provided "improvement." The treater is requesting a repeat "bilateral lumbar rhizotomy at L4 to S1 under fluoroscopy." Report from 12/11/2013 indicates the patient has continued low back pain into the bilateral hip, bilateral thigh, and feet. Examination revealed slow gait and antalgic and patient utilizes a walker for ambulation with difficulty. Utilization review denied the request for the radiofrequency rhizotomy on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT LUMBAR RADIOFREQUENCY RHIZOTOMY L4-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) . ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. ODG states for repeat injection, "a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at ≥ 50% relief. The current literature does not support that the proc

Decision rationale: The patient presents with worsening pain in her low back, bilateral hip, bilateral thigh, and feet. The treater is requesting a repeat left lumbar radiofrequency rhizotomy, L4 to S1. On 01/09/2014 treater requested a repeat RF Rhizotomy stating prior injection provided improvement. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, ODG Guidelines are referenced. ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. ODG states for repeat injection, "a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at ≥ 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." Medical records document patient underwent a radiofrequency Rhizotomy on 01/15/2013. Subsequent progress report 02/05/2013, reported continued low back and leg pain of 7/10. The medication regimen stayed the same from before the RF. In this case, prior procedure did not provide at least 12 weeks with 50% pain relief as required by ODG for a repeat RF. Recommendation is for denial.