

Case Number:	CM14-0013559		
Date Assigned:	02/26/2014	Date of Injury:	04/15/1996
Decision Date:	07/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 66-year-old female, who has submitted a claim for chronic low back pain, chronic lumbar radicular pain, lumbar facet joint arthropathy, lumbar spine stenosis, degenerative lumbar discs, and muscle spasms; associated with an industrial injury date of 04/15/1996. The medical records from 04/26/2013 to 02/17/2014 were reviewed and showed that the patient complained of constant aching low back pain, graded 8/10, radiating into the posterior legs and heels. The pain is aggravated by standing and walking. The physical examination showed tenderness over the lumbosacral area. Range of motion of the lumbar spine was limited to pain. The straight leg raise test was negative bilaterally. The deep tendon reflexes (DTRs) and motor and sensory testing were normal. The treatment to date has included medications, epidural steroid injection, and L4, L5, and S1 medial branch radiofrequency rhizotomy. The utilization review, dated 01/27/2014, denied the request for bilateral L4, L5, and S1 medial branch radiofrequency rhizotomy, because there was no documented facet joint diagnostic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 medial branch nerve radiofrequency rhizotomy QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. Additionally, the Official Disability Guidelines indicate that repeat facet joint radiofrequency neurotomies should not occur at an interval of less than six (6) months from the first procedure, duration of relief from the first procedure is documented for at least twelve (12) weeks with 50% relief, and that no more than three (3) procedures should be performed in a year's period; and approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in a visual analog scale (VAS) score, and documented improvement in function. In this case, the patient complains of low back pain with radicular symptoms despite medications, epidural steroid injection, and previous L4-S1 medial branch radiofrequency rhizotomy. However, there was no discussion regarding the percent and duration of pain relief from a previous neurotomy. Furthermore, the medical records submitted for review failed to show objective evidence of analgesia and functional improvement derived from the procedure. The criteria have not been met. Therefore, the request is not medically necessary.

Bilateral L5 medial branch nerve radiofrequency rhizotomy QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. Additionally, the Official Disability Guidelines indicate that repeat facet joint radiofrequency neurotomies should not occur at an interval of less than six (6) months from the first procedure, duration of relief from the first procedure is documented for at least twelve (12) weeks with 50% relief, and that no more than three (3) procedures should be performed in a year's period; and approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in a visual analog scale (VAS) score, and documented improvement in function. In this case, the patient complains of low back pain with radicular symptoms despite medications, epidural steroid injection, and previous L4-S1 medial branch radiofrequency rhizotomy. However, there was no discussion regarding the percent and duration of pain relief from a previous neurotomy. Furthermore, the medical records submitted for review failed to show objective evidence of analgesia and functional improvement derived from the procedure. The criteria have not been met. Therefore, the request is not medically necessary.

Bilateral S1 medial branch nerve radiofrequency rhizotomy QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. Additionally, the Official Disability Guidelines indicate that repeat facet joint radiofrequency neurotomies should not occur at an interval of less than six (6) months from the first procedure, duration of relief from the first procedure is documented for at least twelve (12) weeks with 50% relief, and that no more than three (3) procedures should be performed in a year's period; and approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in a visual analog scale (VAS) score, and documented improvement in function. In this case, the patient complains of low back pain with radicular symptoms despite medications, epidural steroid injection, and previous L4-S1 medial branch radiofrequency rhizotomy. However, there was no discussion regarding the percent and duration of pain relief from a previous neurotomy. Furthermore, the medical records submitted for review failed to show objective evidence of analgesia and functional improvement derived from the procedure. The criteria have not been met. Therefore, the request is not medically necessary.