

Case Number:	CM14-0018699		
Date Assigned:	04/18/2014	Date of Injury:	05/28/2009
Decision Date:	07/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 Texas. 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 59 year old male with an injury reported on 05/28/2009. The mechanism of injury was not provided in clinical documentation. The clinical note dated 04/01/2014, reported the injured worker complained of persistent low back, shoulder, and foot pain. Per the clinical note dated 01/07/2014 it was noted the injured worker had full flexion to the lower, lumbar spine. The injured worker had limited lumbar spine extension due to pain, and decreased right lateral bending compared to left. The injured worker's diagnoses included chronic low back pain, right anterior thigh and right groin pain; chronic right shoulder pain, history of right shoulder arthroscopic surgery September 2009; status-post bilateral L4-L5-S1 intraarticular facet injections with good relief October 2011. The request for authorization was submitted on 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION AT BILATERAL L3, L4, L5.: 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 rationale: The request for radiofrequency ablation at bilateral L3,L4, and L5 is not medically necessary. The injured worker complained of chronic low back pain, and an MRI from November 2009 showed right sided foraminal stenosis at L4-L5 with disk bulge, left sided foraminal stenosis at L3-L4 and mild spinal stenosis noted at L4-L5. The clinical notes also report that the injured worker had a radiofrequency ablation in 2011, which decreased his back pain by 60% and lasted about 8 months. According to American College of Occupational and Environmental Medicine (ACOEM) 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. 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. According to the Official Disability Guidelines for facet joint radiofrequency neurotomy treatment requires a diagnosis of facet joint pain using a medial branch block. While repeat neurotomies may be required, 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. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. 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. No more than two joint levels are to be performed at one time. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The requesting physician did not include adequate documentation of significant objective findings of facetogenic pain upon physical exam. Therefore, the request for radiofrequency ablation at bilateral L3, L4, and L5 is not medically necessary.