

Case Number:	CM14-0019434		
Date Assigned:	04/23/2014	Date of Injury:	02/15/2012
Decision Date:	07/03/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/15/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 64-year-old male with a reported date of injury on 02/14/2012. The mechanism of injury was not provided with the medical records. The progress note dated 03/07/2014 reported the injured worker was able to maintain better function and had improved pain control with acupuncture treatments. There was a documented 20% reduction in pain over the course of the last six treatments. And 50% improvement in his pain overall. The diagnoses listed were arthropathy of lumbar facets and strain of lumbar region. The progress note dated 09/23/2013 reported that injured worker returned to full duty on 09/19/2013 with no limitations or restrictions. The progress noted dated 01/20/2014 reported the injured workers 2-3 month recurrence of similar lower back pain, ranges from 3-6/10. The lumbar range of motion testing revealed extension to be slightly restricted with worsening in his lower back pain. The request for authorization form was not submitted with the medical records. The request is for bilateral L4-L5 and L5-S1 facet radiofrequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 AND L5-S1 FACET RADIOFREQUENCY: 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) Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: The request for bilateral L4-L5 and L5-S1 facet radiofrequency is non-certified. The injured worker received a previous facet radiofrequency with resulted in excellent and prolonged pain relief. According to 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. More specifically, the Official Disability guidelines recommend radiofrequency neurotomies 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 form the first procedure is documented for at least 12 weeks at >50% relief. The approval of repeat neurotomies depend on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. There is a lack of documentation of specific scale of pain relief and for how long. The injured worker received good results with his previous radiofrequency; he has been undergoing acupuncture, which has improved his overall pain by 50%. Therefore, the request is not medically necessary.