

Case Number:	CM14-0122355		
Date Assigned:	08/06/2014	Date of Injury:	02/03/2009
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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 Orthopedic Surgery 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 injured worker is a 58-year-old male who reported injury on 02/03/2009. The mechanism of injury was not provided. The injured worker is noted to have had multiple surgeries, including an L4-5 discectomy. The injured worker underwent radiofrequency ablations on 04/17/2014 and 06/27/2014. The medications and diagnostic studies were not provided. The documentation of 05/28/2014 revealed the injured worker had numbness and shooting pains if he bent. The physical examination revealed the injured worker had stiffness, tightness, and pain at L4-5. The injured worker had decreased range of motion due to pain. The straight leg raise was positive from the sitting position at 25 degrees. There was decreased sensation to light touch at the L5 distribution. There was weakness of the hip flexors and extensors, knee flexors and extensors, and extensor hallucis longus. The diagnoses included status post left carpal tunnel release 2011, status post cubital tunnel release 2011, status post right open carpal tunnel release and cubital tunnel release in 2010, status post right L4-5 microdiscectomy in 2009, and multiple bilateral shoulder procedures and bilateral elbow procedures. The treatment plan included a radiofrequency ablation at L4-5 and L5-S1 one more time. There was a detailed DWC form Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT radiofrequency ablation of the L4-5 and L5-S1, possibly L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers Compensation.

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

Decision rationale: The ACOEM Guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. The Official Disability Guidelines recommend, for repeat neurotomies, that the injured worker have documentation of duration of relief from the first procedure for at least 12 weeks at greater than or equal to 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. Additionally, the 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. Also, there should be a formal plan of additional evidence based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had a previous diagnostic block and a successful neurotomy. However, there was a lack of documentation of objective functional benefit, and there was a lack of documentation indicating a formal plan of additional evidence based conservative care in addition to facet joint therapy. There was a lack of documentation indicating the injured worker had a documented improvement in the VAS score, along with decreased medications. Given the above, the request for CT radiofrequency ablation of the L4-5 and L5-S1, possibly L3-4 is not medically necessary.