

Case Number:	CM14-0135591		
Date Assigned:	08/29/2014	Date of Injury:	07/03/2010
Decision Date:	09/25/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 Surgeon and is licensed to practice in Arizona. 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 is a 62-year-old female who has a date of injury of 7/3/2010. She sustained an injury to her lower back by lifting and moving coffeepots. The patient underwent a radiofrequency neurotomy of the medial branch of the posterior primary ramus of L3, L4, and L5 on the left side on September 6, 2013. A month later she had the same procedure repeated on the right. A progress dated 7/12/2014 states that she received 100% pain relief in the lumbosacral area with 80% on the left and 20% on the right. This pain relief lasted until about a month ago when she started having pain in her lower back associated with pins and needles feelings. A request is made for repeat of the radiofrequency neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Radiofrequency Neurotomy Of The Medial Branch Of The Posterior Primary Ramus On The Left Side At L3, L4 1x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, facet joint radiofrequency neurotom.

Decision rationale: MTUS guidelines did not specifically address the issue of repeat radiofrequency neurotomies. ODG states that repeat neurotomies should not occur at an interval less than 6 months from the first procedure. This should be at least 12 weeks of 50% reduction of pain. The patient fulfills this criterion. The patient also fulfills the criteria of documented prolonged improvement in the pain score. What is lacking is a formal plan of additional evidence-based conservative care in addition to the facet joint therapy. Therefore, until there is documentation of a formal plan of additional evidence-based conservative care, the medical necessity for repeating the neurotomies has not been established. Therefore is not medically necessary.