

Case Number:	CM14-0171837		
Date Assigned:	10/23/2014	Date of Injury:	09/18/2009
Decision Date:	12/02/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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 Medicine and is licensed to practice in Texas and 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 patient is a 57 year old male who was injured on 9/8/2009. The diagnoses are low back , bilateral shoulder and bilateral knee pain. The MRI of the lumbar spine showed multilevel lumbar facet arthropathy and degenerative disc disease. It was noted that a previous lumbar facet radiofrequency ablation had provided more than 80% reduction in back pain for 6 months. On 10.20/2014, [REDACTED] noted subjective findings of pain score of 7-8/10 on a scale of 0 to 10. There is tenderness in the lumbar facet areas, positive facet loading and positive SI joint provocative test. The medications are Norco and Vicoprofen for pain. A Utilization Review determination was rendered on 9/30/2014 recommending non certification for right L4-5, L5-S1 facet radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) fluoroscopically-guided right L4-L5 and right L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy): Overturned

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 (ODG), Low back (Lumbar & Thoracic) (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back. Facet

Decision rationale: The CA MTUS did not address the use of facet radiofrequency ablation for the treatment of lumbar facet pain syndrome. The ODG guidelines recommend that facet joint or median branch nerve radiofrequency ablation can be repeated after a period of 6 months if the patient had a significant pain relief with functional improvement following a prior procedure. The records indicate that the patient have subjective, objective and radiological findings consistent with facet arthropathy and facet pain syndrome. The provider reported a significant pain relief with reduction in medication utilization following a previous lumbar facet rhizotomy procedure. The criteria for fluoroscopic guided right L4-5, L5-S1 facet joint radiofrequency ablation / rhizotomy was met. Therefore this request is medically necessary.