

Case Number:	CM14-0179586		
Date Assigned:	11/05/2014	Date of Injury:	05/26/2009
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 Management 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:

According to the records made available for review, this is a 62-year-old male with a 5/26/09 date of injury. At the time (10/10/14) of request for authorization for radiofrequency ablation L3-S1, left side, there is documentation of subjective (back and leg pain) and objective (lumbar spine range of motion limited to 70 degrees in flexion and 15 degrees in extension due to pain, increased facet tenderness, antalgic gait) findings, current diagnoses (radiculopathy, lumbar spine, lumbosacral spondylosis without myelopathy), and treatment to date (exercises and medications, medial branch blocks, and multilevel radiofrequency neurotomies). 10/1/14 medical report identifies that it has been over a year since the left radiofrequency lesioning was done and that pain has been getting more severe lately. In addition, 10/1/14 medical report identifies that the radiofrequency lesioning procedure have reduced the targeted pain area by 80% and patient was able to reduce medication and has been 50% more active. There is no documentation that no more than two joint levels will be performed at one time and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation L3-S1, Left Side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter

MAXIMUS 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 Chapter, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of radiculopathy, lumbar spine, lumbosacral spondylosis without myelopathy. In addition, there is documentation of improvement in VAS score, and documented improvement in function with previous left radiofrequency ablation. Furthermore, there is documentation of an interval of at least 6 months from the first procedure. However, given that the request is for radiofrequency ablation L3-S1, there is no documentation that no more than two joint levels will be performed at one time. In addition, there is no documentation of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for radiofrequency ablation L3-S1, left side is not medically necessary.