

Case Number:	CM14-0024349		
Date Assigned:	07/02/2014	Date of Injury:	04/29/1992
Decision Date:	08/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine 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 patient is a 68 year-old male with date of injury 04/29/1992. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/31/2013, lists subjective complaints as pain in the low back and hips. Objective findings: Examination of the lumbar spine and lower extremities revealed tenderness to palpation over the bilateral sacroiliac joints and mild tenderness over the left greater trochanter. Left knee joint was enlarged and warm to the touch. Diagnosis include lumbar facet pain, bilateral sacroiliac joint pain, myofascial pain. Patient underwent a lumbar radiofrequency ablation of the medial branch nerves at the left L2-3, L3-4, L4-5, and L5-S1 facet joints on 03/27/2013. An MRI of the lumbar spine was performed on 07/12/2011 which was notable for moderate disc space narrowing at L2-3, L3-4, and L5-S1 with severe narrowing at L4-5 due to a combination of diffuse annular disc bulge, facet hypertrophy, and ligamentum flavum thickening at these levels. Patient is status post left total knee replacement in November of 2013. Enclosed in the medical records is a very informative letter from the patient following the utilization review denial. Quoting from the letter that removing the physician names, the pain management physician subsequently did several injections including radiofrequency ablation; I believe the first procedure was in December 2012. I received relief, finally. From not been able to pick up a bag of groceries, I was without pain. The pain management physician told me that the nerves would grow back in 1-3 years and that the procedure would likely need to be repeated. It has now been about a year and a half, the pain is returning; so much that I am using a cane to help support the back and SI joint as I walk.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR RADIOFREQUENCY INJECTIONS BILATERAL L2- 3, L3- 4, L4- 5 AND L5- S1, (64622 DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACRAL, SINGLE LEVEL, QTY:2, 64623 DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, Low Back Chapter, Criteria For Use Of Facet Joint Radiofrequency Neurotomy.

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: According to the Official Disability Guidelines, while repeat neurotomies may be required, they 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 from the first procedure is documented for at least 12 weeks at 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. The additional information provided by the patient shows that the criteria for authorizing facet joint radiofrequency neurotomy have been met. I am reversing the previous utilization review decision.