

Case Number:	CM14-0025204		
Date Assigned:	06/11/2014	Date of Injury:	07/12/2005
Decision Date:	07/18/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 57 year old male who reported an injury on 07/12/2005. He reported that while wiring an aircraft door, he twisted and reached for a handhold, stepped into the cabin and damaged his back. A report of 01/10/2014 relates diagnoses of chronic low back pain with multi-level lumbar disc disease at L4-5 and L5-S1. His past therapies included home exercise program, physical therapy, chiropractic, anti-inflammatory medications and muscle relaxants and bilateral lumbar facet injections on 04/16/2012 and 02/01/2013, which provided 75 to 80% pain relief for 4 to 5 days. He also had had a previous bilateral radio frequency lumbar facet neurotomy with 75 - 80% relief, the date of which and duration of relief were not found. Physical exam yielded lumbar pain exacerbation with extension, side bending, and rotation. There is no evidence of lumbar radiculopathy. There was no request for authorization found in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL RADIOFREQUENCY LUMBAR FACET NEUROTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-300.

Decision rationale: The injured worker is a 57 year old male who reported a twisting injury on 07/12/2005, resulting in chronic mechanical low back pain. He had failed trials of conservative care including manipulation, spinal injections and medications. ACOEM recommends 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. Two previous lumbar facet injections and a radio frequency ablation provided him with 75 to 80% pain relief, the blocks for 4 or 5 days and the ablation for an undetermined period of time. Additionally, the request does not identify the level at which the proposed neurotomy was to have been done. Thusly, the request for bilateral radiofrequency lumbar facet neurotomy is not medically necessary and appropriate.