

Case Number:	CM14-0033501		
Date Assigned:	06/20/2014	Date of Injury:	01/09/2012
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 63-year-old male with a 1/9/12 date of injury. At the time (2/5/14) of request for authorization for radiofrequency thermocoagulation at L3-L4, L4-L5, and L5-S1, there is documentation of subjective (exacerbation of chronic low back pain) and objective (tenderness to palpation over the left lumbar paraspinal muscles at L3, L4, and L5 with restricted range of motion and positive facet loading on the right side) findings, current diagnoses (lumbar facet arthropathy), and treatment to date (radiofrequency thermocoagulation on 2/5/13 with pain relief for one year; medications, and physical therapy). In addition, medical report plan identifies repeat radiofrequency thermocoagulation at L3-4, L4-5 and L5-S1; and continue medications. There is no documentation of no more than two joint levels will be performed at one time, and greater than or equal to 50% relief with prior neurotomy, improvement in visual analogue scale (VAS) score, and improvement in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency thermacoagulation at L3-L4, L4- L5, and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web 2012, "Low Back Pain", Facet Joint Radiofrequency Neurotomy under Study.

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, 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 visual analogue scale (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 greater than or equal to 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 a diagnosis of lumbar facet arthropathy. In addition, there is documentation of a previous radiofrequency thermocoagulation at L3-L4, L4-L5, and L5-S1. In addition, given documentation of prior radiofrequency thermocoagulation on 2/5/13 with pain relief for one year, there is documentation of at least 12 weeks relief with prior neurotomy and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. Furthermore, there is documentation of evidence of a formal plan of additional evidence-based conservative care (medications) in addition to facet joint therapy. However, despite documentation of pain relief with previous neurotomy, there is no documentation of greater than or equal to 50% relief with prior neurotomy, improvement in VAS score, and improvement in function. Furthermore, given documentation of the request for Radiofrequency thermocoagulation at L3-L4, L4-L5, and L5-S1, there is no documentation of no more than two joint levels will be performed at one time. Therefore, based on guidelines and a review of the evidence, the request for radiofrequency thermocoagulation at L3-L4, L4-L5, and L5-S1 is not medically necessary.