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| Case Number: | CM14-0036641 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 05/10/2012 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

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 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 58-year-old male with a 5/10/12 date of injury. At the time (3/5/14) of request for authorization for medial branch radiofrequency, bilateral L4, L4, L5 radiofrequency lesioning per 3/12/14 form ATY 1, there is documentation of subjective (low back pain axially radiating in midback and shooting down the right leg with tingling, numbness, and paresthesia) and objective (increased lumbar lordosis, paravertebral muscle spasm and localized tenderness in lumbar facet joint, restricted lumbar spine range of motion, and non-dermatomal diminished sensation to light touch in right leg) findings, current diagnoses (multilevel lumbar disc bulges at L3-4 and L5-S1 level, lumbar facet hypertrophy at L4-5 and L1-2, right sided L5-S1 lumbar radiculopathy, and lumbar facet syndrome), and treatment to date (radiofrequency lesioning). Medical report identifies 70% pain relief for few months and functional improvement following previous radiofrequency lesioning. There is no (clear) documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, 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:

Medial branch radiofrequency, bilateral L4, L4, L5 radiofrequency lesioning per 3/12/14 form ATY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

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: The 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. The 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 multilevel lumbar disc bulges at L3-4 and L5-S1 level, lumbar facet hypertrophy at L4-5 and L1-2, right sided L5-S1 lumbar radiculopathy, and lumbar facet syndrome. In addition, there is documentation of a previous radiofrequency lesioning with 70% pain relief for few months and functional improvement. However, there is no documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In addition, given documentation of a request for medial branch radiofrequency, bilateral L4, L4, L5 radiofrequency lesioning, there is no (clear) documentation that 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 medial branch radiofrequency, bilateral L4, L4, L5 radiofrequency lesioning per 3/12/14 form ATY 1 is not medically necessary.