

Case Number:	CM14-0039606		
Date Assigned:	06/27/2014	Date of Injury:	10/06/2008
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 Emergency 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 40-year-old male who was injured on October 6, 2008. The patient continued to experience lower back pain. Physical examination was notable for abnormal curvature of the lumbosacral spine, tenderness to the right and left lumbar facets, bilateral paravertebral muscle spasm, and positive right straight leg raise. Diagnoses included lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, postlaminectomy syndrome, and lumbar disc degeneration. Treatment included radiofrequency ablation, epidural steroid injections, and medications. Although the patient stated that he had 70% pain relief, his pain level remained at four or five out of ten for all visits since October 21, 2013. Request for authorization for radiofrequency thermocoagulation at bilateral L4 and L5 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency thermocoagulation (RFTC) at Bilateral L4 and L5 to be completed at [REDACTED]: 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), Low Back chapter (Facet joint radiofrequency neurotomy).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Radiofrequency thermocoagulation is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. In this case the patient had undergone previous radiofrequency ablation. In the medical record, documentation stated that the patient had attained 70% pain relief for nine months after the procedure done in June 2013. His pain scale in October was stated at 5/10 and continued at that level. Documentation does not support that the patient obtained functional improvement. The request for Radiofrequency thermocoagulation (RFTC) at Bilateral L4 and L5 to be completed at [REDACTED] is not medically necessary or appropriate.