

Case Number:	CM14-0044736		
Date Assigned:	06/23/2014	Date of Injury:	03/22/2002
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 77-year-old with an injury date on 3/22/02. Based on the 2/20/14 progress report provided by the provider, the diagnosis is spondylosis lumbar spine multiple levels with facet disease and disc degeneration. The exam on 2/20/14 showed "patient able to mobilize well, can heel and toe walk. Complains of back pain with extension and side to side rotation, and bending also painful. On axial not radicular basis. His straight leg raise gets some back pain but no radiating leg pain below knee. Reflexes somewhat hypoactive at knees and ankles, EHLs are 5/5 strength." The provider is requesting one radiofrequency rhizotomy L4-L5, L5-S1. The utilization review determination being challenged is dated 3/13/14. The provider is the requesting provider, and he provided treatment reports from 7/20/12 to 2/20/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RADIOFREQUENCY RHIZOTOMY L4/5, L5/S1: Overturned

Claims Administrator 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 - Lumbar & Thoracic (Acute & chronic).

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 chapter, Facet joint radio frequency neurotomy.

Decision rationale: This patient presents with lower back pain. The treating physician has asked one radiofrequency (RF) rhizotomy L4-L5, L5-S1 but request for authorization (RFA) is not included in the provided reports. Reviews of 2/20/14 report shows patient had multilevel facet rhizotomy in July 2012 which provided 1 year of pain relief, but last 6 months condition has worsened. For radio frequency neurotomy of L-spine, the MTUS/ACOEM guidelines give mixed results, and the Official Disability Guidelines (ODG) recommends repeat RF if there has been significant visual analog scale (VAS) reduction, medication reduction and functional improvement. In this case, the treating physician indicates that the patient's pain improved significantly for a year and the patient is not taking any current medications. The patient is also 77-year-old with quite a bit of facet arthritic changes. Repeat RF ablation appears reasonable and consistent with the guidelines. As such, the recommendation is for authorization.