

Case Number:	CM14-0047829		
Date Assigned:	07/02/2014	Date of Injury:	06/08/2009
Decision Date:	08/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/16/2014

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 Orthopedic Surgery 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 06/08/2009. The injured worker was noted to undergo a transforaminal epidural steroid injection on the left at L5-S1 on 09/18/2009 with temporary relief, and a medial branch block to the left L3, L4, and L5 on 09/26/2012, which reduced the pain by 80%. The treatment subsequently revealed the injured worker underwent radiofrequency lesioning on the left at L3, L4, and L5, with the latest lesioning on 05/25/2013, which gave 60% relief of pain with decreased use of medications. The mechanism of injury was not provided. The diagnoses included chronic pain syndrome, lumbar spondylosis without myelopathy, and disc displacement with radiculitis. The treatments additionally included physical therapy. The documentation of 04/01/2014 revealed the injured worker had temporary relief from the transforaminal epidural corticosteroid injection at L5-S1 on 09/18/2009. Additionally, the documentation indicated the injured worker had increased pain on the right side of the low back. The injured worker indicated that, in the past, he had a radiofrequency lesioning on the right side, and it gave 50% relief of pain for a long time, and the injured worker had a procedure on 09/25/2013 of radiofrequency lesioning on the left at L3, L4, and L5, which revealed 60% relief of pain in the low back and decreased his pain medications, including relief of 50% of the lower extremity pain. The physical examination revealed the injured worker had an antalgic gait and had difficulty with his bilateral sides. The injured worker had difficulty standing on the heels bilaterally. The injured worker had normal strength in all groups on the left; however, the physician was unable to evaluate the right side. The lower extremity deep tendon reflexes were 1+ with ankle jerks and knee jerks. The diagnoses included chronic pain syndrome, lumbosacral spondylosis without myelopathy, and lumbar disc displacement with radiculitis. The treatment plan included radiofrequency for the left at L3, L4, and L5 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Radiofrequency Lesioning at the Left L3-L4 and L4-L5 Facet Joints under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation (TWC), Online Edition, Chapter: Low Back - Lumbar & Thoracic, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The ACOEM Guidelines indicate that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. They do not specifically address repeat neurotomies. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that, for repeat neurotomies, there should be documentation of a duration of relief from the first procedure for at least 12 weeks at greater than or equal to 50% relief with an associated decrease in medications and an objective increase in function. The clinical documentation submitted for review indicated the injured worker had 50% or greater relief. However, there was a lack of documentation including the duration of relief. Additionally, there was a lack of documentation indicating the injured worker had objective decrease in medications and an objective increase in function. Given the above, the prospective request for 1 Radiofrequency Lesioning at the Left L3-L4 and L4-L5 Facet Joints under Fluoroscopic Guidance is not medically necessary and appropriate.