

Case Number:	CM14-0047909		
Date Assigned:	07/02/2014	Date of Injury:	09/21/2004
Decision Date:	08/13/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/15/2014

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 & Rehabilitation and Pain Management 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 50 year old female with date of injury 9/21/04. The treating physician report dated 3/7/14 indicates that the patient presents with pain affecting the lumbar spine with radiation down to both lower extremities with pain levels rated a 5/10 on medications. She is currently taking Norco, Anaprox, FexMid and Dendracin cream. She is status total disc replacement L5/S1 on 6/27/07 with subsequent removal of the disc replacement and total fusion L4-S1 in November 2008 with extension of the fusion to L3/4 on 1/13/12. The current diagnoses are: 1. Lumbar fusion L3-S1. 2. Reactionary depression/anxiety, with difficulty sleeping 3. Right knee s/s (Sign & Symptoms), secondary to overcompensation 4. Medication induced gastritis The utilization review report dated 4/2/14 denied the request for one facet joint radiofrequency neurotomy at the bilateral L2, L3 and L4 based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Facet joint radiofrequency neurotomy at the bilateral L2, L3 and L4: Overturned

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 (Lumbar & Thoracic) Facet joint radiofrequency neurotomy and Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG online) Lumbar Chapter, Facet joint radiofrequency neurotomy and Facet joint diagnostic blocks (injections) & Segmental rigidity.

Decision rationale: The patient presents status post L3-S1 fusion with increasing axial lumbar pain following a failed attempt at physical therapy. The current request is for one facet joint radiofrequency neurotomy at the bilateral L2, L3 and L4. The examination findings on 3/7/14 reveal tenderness of the lower lumbar facets with increased pain upon facet loading. There is no clinical evidence of radiculopathy and the patient has increased axial back pain with seated leg raise. The MTUS Guidelines do not address facet joint radiofrequency neurotomy. The ODG Guidelines states, 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. The treating physician notes that the patient underwent facet rhizotomy on 8/18/11 and responded well with decreased pain of 50-60% lasting for at least 4 months, increased ability to function and 30% reduction in pain medication usage. There were no reports from 2011 or 2012 to verify the treater's recollection. The request for facet joint radiofrequency neurotomy at the bilateral L2, L3 and L4 levels has met the criteria set forth by ODG. Therefore, the request for one Facet joint radiofrequency neurotomy at the bilateral L2, L3 and L4 is medically necessary and appropriate.