

Case Number:	CM14-0058602		
Date Assigned:	07/14/2014	Date of Injury:	10/10/2003
Decision Date:	08/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 injured worker is a 68-year-old female who reported an injury on 10/10/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 03/25/2014 indicated diagnoses of lumbago, status post surgery, chronic pain, lumbosacral spondylosis, and lumbosacral neuritis. The injured worker reported she continued to have significant pain rated 6/10 to her lower back. The current medication treatment gave about 50% decrease and only temporary. On physical examination, the injured worker had a mild antalgic gait without assistive device, limited range of motion of the right hip, tenderness on palpation of the sacroiliac joint, gluteus, and right greater trochanter, range of motion was decreased through the lumbar spine but mainly extension and right lateral flexion due to pain. The injured worker had moderate tenderness to the lumbosacral spine and paraspinals with paralumbar muscle spasms mainly on the right. The injured worker had tenderness to the sacroiliac joint and gluteal that produced pain in the low back on the right. The injured worker's motor strength to the right lower hip girdle, knee extension, knee flexion, plantar flexion, dorsiflexion, and toe extension was 4. The injured worker had decrease light touch and pinprick in the distal lower extremities with diminished reflexes. The injured worker had a negative straight leg raise; however, she had positive Patrick's, Faber's, and Gaenslen's test on the right. The injured worker's prior treatments included diagnostic imaging, surgery, a previous radiofrequency ablation of L4-5 and L5-S1 dated 09/24/2013, and medication management. The injured worker's medication regimen included Percocet, omeprazole, gabapentin, tizanidine, oxybutynin, atenolol. The provider submitted a request for one radiofrequency neurotomy at L4-5 and L5-S1, bilateral facet injection under fluoroscopy guidance. A request for authorization dated 04/07/2014 was submitted for the radiofrequency neurotomy; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiofrequency neurotomy at L4-5, L5-S1 bilateral facet injection under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pp. 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS ACOEM guidelines recommend radiofrequency neurotomy for the treatment of select patients with low back pain. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The injured worker had a previous radiofrequency ablation of L4-5 and L5-S1 dated 09/24/2013; however, the injured worker reported she continued to experience pain with restriction with range of motion and functionality. In addition, on physical examination the deficits were restricted to the right side, the injured worker's left side was normal. Moreover, the injured worker had tenderness on palpation; however, a specific facet region was not specified. Additionally, there was no documentation of significant reduction in medication use including narcotic medication and there was lack of information of conservative therapy. In addition, the injured worker reported that the prior radiofrequency decreased pain and increased function for 6 months; however there was no quantifiable objective assessment. Therefore, the request for one (1) Radiofrequency Neurotomy at L4-5, L5-S1 bilateral facet injection under fluoroscopy guidance is not medically necessary.