

Case Number:	CM14-0062204		
Date Assigned:	07/11/2014	Date of Injury:	04/01/2002
Decision Date:	10/06/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old individual was reportedly injured on April 1, 2002. The mechanism of injury is not disclosed. The most recent progress note, dated April 2, 2014 indicates that there are ongoing complaints of low back pain rated 8/10, noting a recent flare of symptoms. The physical examination demonstrated an antalgic gait, increased rigidity and significant tenderness to palpation throughout the lumbar paraspinal muscles bilaterally. Lumbar spine range of motion is decreased. Pain is reduced above with facet loading in the low lumbar spine bilaterally with decreased sensation noted along the lateral thigh, posterior calf, and dorsum of the left foot in the L5 distribution on the left. Straight leg raise is positive. Weakness is noted with ankle dorsiflexion and extension of the great toe on the right. Diagnostic imaging studies objectified mild right lateral recess stenosis at the L4-L5 level with a 4 mm posterior disc protrusion and mild bilateral ligamentous thickening, and facet arthropathy. At L3-L4, there is a 2 and half millimeter posterior disc protrusion. At L5-S1, disc height reduction and desiccation of disc material with the 2 mm posterior disc bulge that does not cause impingement is noted. The MRI is reported to be negative at other levels evaluated. Additionally, an MRI of the left hip was also obtained in 2009, revealing osteoarthritic changes, and acetabular spurring. Previous treatment includes trigger point injections in a prior radiofrequency injection in 2013. Activity modification and pharmacotherapy have also been provided. A request had been made for one of 3 bilateral L3, L4, L5 RFTC injections and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OF 3 BILATERAL L3, L4, L5 RFTC BODY PART: LUMBAR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines CA MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Physical Methods Edition, 2004 pages 298-301 Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines Low Back Disorders; Clinical Measures - Radiofrequency Neurentin, Neurontin, Facet Rhizotomy

Decision rationale: CA MTUS makes no recommendation for or against radiofrequency neurotomy for chronic low back pain confirmed with response to diagnostic blocks. Indicating that one procedure might be tried after failure to respond to conservative treatment where the diagnosis has been confirmed by diagnostic medial branch block. The record notes the claimant underwent this procedure in August 2013 at which time the results lasted 7 months, and allow the claimant to reduce the intake of Norco, from 8 daily to 4 daily. The record provides documentation of diagnoses that include both facet joint pain and radicular pain. The guidelines note that repeat neurotomies may be required, but should not occur at an interval of less than 6 months, and the documentation of 6 months of benefit should be noted. The guidelines also do not support more than 2 joint levels be performed at one time. Based on the clinical presentation, the response to the prior procedure, acknowledgement and explanation of the request for this procedure in the presence of radicular pain (in addition to facet joint pain), this procedure would be medically necessary. However, a modified endorsement is made for the RFTC at 2 joint levels bilaterally. It should be noted that the request under review is for one of 3 procedures. However, the modification recommended is for one procedure, as it cannot yet be determined whether or not the claimant will continue to receive 6 months of benefit and the guidelines do not support a series of 3 injections without evidence of functional gains.