

Case Number:	CM14-0065844		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2002
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 73-year-old male with a 5/9/02 date of injury. At the time (4/11/14) of request for authorization for one right lumbar radiofrequency ablation (RFA) at the L3, L4 and L5 levels, under fluoroscopic guidance, as an outpatient, there is documentation of subjective and objective findings. The subjective findings include chronic low back pain and bilateral leg pain. The objective findings include ongoing return of baseline axial back pain in his low back, lumbar paraspinal muscle tenderness, some low back spasm, ambulates with slightly ataxic gait and a single point cane, and no new neurological deficits noted. The current diagnoses are lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, and degenerative lumbar/lumbosacral intervertebral disc disease. The treatment to date includes L3, L4, L5 radiofrequency ablation in 2010, L3, L4, L5 medial branch block on 3/19/14 with relief for about 2 days, home exercise program, and medications (including ongoing treatment with Ambien, Fentanyl patch, Lorzone, and Percocet). There is no documentation of improvement in VAS score, improvement in function, and at least 12 weeks at 50% relief with prior neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Lumbar Radiofrequency Ablation (RFA) at the L3, L4 and L5 Levels, Under Fluoroscopic Guidance, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 radiofrequency neurotomy.

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, and degenerative lumbar/lumbosacral intervertebral disc disease. In addition, there is documentation of a prior L3, L4, L5 radiofrequency ablation in 2010 and L3, L4, L5 medial branch block in 3/19/14 with relief for about 2 days. Furthermore, there is documentation of no more than two joint levels being performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, there is no documentation of improvement in VAS score, improvement in function, and at least 12 weeks at 50% relief with prior neurotomy. Therefore, based on guidelines and a review of the evidence, the request for 1 right lumbar radiofrequency ablation (RFA) at the L3, L4 and L5 levels, under fluoroscopic guidance as an outpatient is not medically necessary.