

Case Number:	CM14-0067635		
Date Assigned:	07/11/2014	Date of Injury:	09/16/2001
Decision Date:	09/10/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old male who was injured on 9/16/2001. He was diagnosed with lumbosacral neuritis and chronic low back pain. He was treated with gabapentin, sleep aids, NSAIDs, epidural injections, omeprazole, psychotherapy, marijuana, opioids, benzodiazepines, Cymbalta, and physical therapy. He also was given a facet joint radiofrequency ablation on his lumbar area in 1/2012, which seemed to provide a benefit as the worker was able to wean off of methadone. He also received the same procedure on his lumbar area in 1/2013. On 2/18/2014, the worker was seen by the primary treating nurse practitioner complaining of his low back pain with right leg radicular pain. He reported wanting to combine two procedures (one on each side) but not at that time. Physical examination revealed tenderness of the low back and Kemp's test positive on right. It was discussed at that appointment to at least consider doing another lumbar radiofrequency ablation procedure earlier than later. Following this appointment, there was a request for a lumbar radiofrequency thermocoagulation procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L3-L5 Radiofrequency Thermocoagulations: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar & Thoracic (Acute & Chronic).

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 section, Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS ACOEM Guidelines state that there is good quality evidence that neurotomy of facet joints in the cervical spine is effective, however, similar evidence does not exist for the same procedure on the lumbar spine, and they tend to produce variable results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial brach diagnostic blocks. The ODG supplies a more complete criteria list for justifying a lumbar facet joint radiofrequency neurotomy: 1. Diagnosis of facet joint pain (via medial branch block), 2. No more than 3 procedures performed in a given year, 3. Documented improvement in pain (>50% for at least 12 weeks) if repeat procedure is requested, 4. No more than 2 joint levels at a time, 5. If two areas need the procedure than space them by at least 1-2 weeks, and 6. Evidence of a formal plan of additional conservative care to be used in addition to the procedure. In the case of this worker, he had previously been getting the ablation procedure on his lumbar area once a year for the past 2 years. Following the first ablation, he successfully weaned off of his methadone, suggesting functional and pain-relief benefit. However, the request was for more than one joint level at a time (L3-L5). Therefore, the L3-L5 radiofrequency thermocoagulation procedure is not medically necessary.