

Case Number:	CM14-0092100		
Date Assigned:	09/12/2014	Date of Injury:	05/19/2012
Decision Date:	11/04/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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, 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 injured worker is a 64 year-old female with the date of injury of 05/19/2012. The injured worker presents with pain in her lower back, left side worse than right side, radiating down her left leg. The injured worker rates her pain as 8/10 on the pain scale, worse by her activities and relieved by medication or rest. The injured worker uses a cane to walk. According to [REDACTED] report on 03/13/2014, diagnostic impressions are: 1) Lumbar spine sprain/strain 2) MRI finding of 2mm disc bulge at L5-S1, with no significant neural foraminal narrowing 3) Axial lower back pain more on the left side, rule out facet arthropathy 4) Right shoulder pain with MRI finding of rotator cuff tear, and also MRI finding of moderate impingement syndrome. The utilization review determination being challenged is dated on 06/09/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/04/2013 to 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy of Facet Joints at L4-5, L5-S1 on the Left Lumbar Percutaneous Stereotactic Radiofrequency Rhizotomy under C-arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter; Facet joint radiofrequency neurotomy

Decision rationale: The injured worker presents with constant pain in her lower back. The request is for Fluoroscopy of facet joints at L4-5, L5-S1 on the left lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm. The injured worker had a diagnostic facet block in the lumbar region on the left side at level of medial branches at level of L4-L5 and L5-S1 in 2013, and another injection. The utilization letter on 06/09/2014 indicates that injections provided 90% pain relief of at least 2 hours. The MRI from 03/13/2014 does not reveal any positive findings regarding any facet changes. ODG guidelines do not allow repeat facet joint radiofrequency neurotomy within 6 months from the first procedure. It states that "A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. No more than two joint levels are to be performed at one time." The request for Fluoroscopy of Facet Joints at L4-5, L5-S1 on the Left Lumbar Percutaneous Stereotactic Radiofrequency Rhizotomy under C-Arm is not medically necessary.