

Case Number:	CM14-0018364		
Date Assigned:	06/11/2014	Date of Injury:	02/10/2009
Decision Date:	05/06/2015	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 40-year-old female who sustained an industrial injury on 2/10/09. She underwent an L4/5 anterior fusion in April 2010. The 2/27/12 lumbar spine MRI impression documented stable anterior spinal fusion L4/5 with a small 2 to 3 mm nerve root sheath cyst. There was an interval slight increase in diffuse disc bulge at L4/5 with moderate right neuroforaminal narrowing and mild to moderate left neuroforaminal narrowing. The 1/22/14 treating physician report cited pain across the back with some radiation down the left leg. Physical exam documented severe lumbar spine tenderness, positive bilateral facet loading, and normal motor strength, sensation, and reflexes. The treatment plan requested repeat radiofrequency ablation at L3/4, L4/5, and L5/S1 as the patient had very good relief for 7 to 8 months since the last procedure. The 1/28/14 utilization review non-certified the request for radiofrequency ablation bilateral L3/4, L4/5 and L5/S1 as there was no clear documented relief following the previous procedure consistent with guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radio Frequency Ablation Bilateral L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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 Lumbar & Thoracic, Facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition, Chapter 12 Low Back Disorders (2007), pages 196-199.

Decision rationale: The California MTUS guidelines stated that lumbar facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ACOEM Revised Low Back Disorder guidelines state that radiofrequency neurotomy, neurotomy, and facet rhizotomy are not recommended for the treatment of any spinal condition. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Factors associated with failed treatment include increased pain with hyperextension and axial rotation (facet loading), longer duration of pain and disability, significant opioid dependence, and history of back surgery. Guideline criteria have not been met. This procedure is not recommended for any spinal condition by the revised ACOEM guidelines and the Official Disability Guidelines indicate it is under study. In general, facet injections are not recommended for patients with radicular symptoms or previous fusion. Guidelines state that failed radiofrequency ablation treatment is associated with facet loading, longer duration of pain and disability and history of back surgery. Given the presence of these clinical indications, this request is not medically necessary.