

Case Number:	CM14-0202526		
Date Assigned:	12/15/2014	Date of Injury:	08/28/2003
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurological Surgery 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 69-year-old male who reported an injury on 08/28/2003. The mechanism of injury was not provided within the submitted documentation. His diagnoses included chronic bilateral low back pain in the setting of lumbar degenerative disc disease with lumbar radiculitis and facet osteoarthritis. Past treatments include medications and injections. Diagnostic studies included a MRI of the lumbar spine without contrast, performed on 07/29/2014, with findings of multilevel degenerative disc and facet disease; no new disc protrusion; no critical central or foraminal narrowing. A lumbar MRI, performed on 07/29/2014, revealed multilevel degenerative disc disease at all lumbar levels and facet disease; L4-5 moderate degenerative facet overgrowth with hypertrophy at the ligamentum flavum, central stenosis and moderate right and mild left foraminal narrowing; and L5-S1 moderate degenerative disc disease with degenerative facet change in bilateral foraminal narrowing. His surgical history was noncontributory. The injured worker presented on 10/29/2014 with complaints of back pain. The patient rated his pain a 6/10 to 7/10 without medication and a 4/10 to 5/10 with medication. It was further noted that the patient was hopeful to receive a radiofrequency in order to postpone surgical options. Upon physical examination of the lumbar spine, tenderness to palpation to the lumbosacral region, right side greater than left, was noted. Limited extension was noted at 90% and flexion was noted at 25%. The injured worker had a negative straight leg raise. Dysesthesia was noted along the lateral side of the right thigh. Additionally, the patient was noted to have normal motor function. His current medications included Norco, Soma, Celebrex, Lyrica, Senna and Colace The treatment plan included continued use of conservative measures; including the home exercise program, a request for authorization for continued coverage for patient's chronic pain medication maintenance regimen, a 1 month follow-up and a request for authorization of the bilateral L4-5 and L5-S1 radiofrequency. The rationale for the request was to provide longer

pain relief and allow the decrease of medication use. A Request for Authorization form, dated 10/29/2014, was provided within the submitted documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Radiofrequency Rhizotomy L4-5, ALAR, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: The request for bilateral radiofrequency rhizotomy L4-5, ALAR, S1 is not medically necessary. The injured worker has low back pain. The Official Disability Guidelines state that the criteria for the use of facet joint radiofrequency rhizotomy: treatment requires a diagnosis of facet joint pain using a medial branch block. The criteria for the use of diagnostic blocks for facet mediated pain includes: clinical presentation should be consistent with facet joint pain, signs and symptoms; there should be 1 set of diagnostic medial branch blocks with a response of greater than 70%; criteria also is limited to patients with low back pain that is nonradicular; and the patient should document pain relief with an instrument, such as a VAS, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The documentation submitted for review provide evidence of radiculopathy. The request as submitted does not support the evidence based guidelines. As such, the request for bilateral radiofrequency rhizotomy L4-5, ALAR, S1 is not medically necessary.