

Case Number:	CM14-0207144		
Date Assigned:	12/19/2014	Date of Injury:	11/19/2009
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 62 year old male who was injured on 11/19/2009. The diagnoses are low back pain, lumbar post-laminectomy syndrome, lumbar facet arthrosis, lumbar disc degenerative disease and sacroiliac joint dysfunction. There are associated diagnoses of depression and anxiety disorder. The past surgery history is significant for L4-L5 laminectomy in 2009 that resulted in marked reduction in the radicular pain. A 2014 MRI of the lumbar spine showed multilevel disc bulges, central canal stenosis, neural foraminal narrowing, facet arthropathy and annular tear. On 11/2/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. The pain was located 80% in the back, 20% in the leg. The back pain was rated at 7-8/10 on a 0 to 10 scale. The patient denied any numbness, tingling or weakness of the lower extremities. There were objective findings of positive straight leg raising test, positive FABERE test and tenderness over the lumbar spines and SI joint areas. The 10/21/2014 lumbar facet median branch blocks were noted to result in 60 % reduction in pain level. The medications listed are Methadone, oxycodone and Nucynta. A Utilization Review determination was rendered on 11/14/2014 recommending non certification for bilateral L2-3, L3-L4 ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar neurotomy bilateral L2-3, L3-4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 9792.24.2 Pain Chapter Low and Upper Back. Radiofrequency Ablation / Rhizotomy.

Decision rationale: The CA MTUS did not address the use of lumbar radiofrequency neurotomy for the treatment of lumbar facet syndrome. The ODG guidelines recommend that lumbar facet median branch rhizotomy ablation can be utilized for the treatment of lumbar facet arthropathy syndrome after significant response to diagnostic median branch blocks. The records indicate that the patient have completed conservative treatments with medications and physical treatments. The subjective and objective findings were consistent with non radicular lumbar pain. There was significant response following diagnostic lumbar facet median branch blocks. The criteria for bilateral L2-3, L3-4 radiofrequency ablation was met.