

Case Number:	CM15-0001294		
Date Assigned:	01/12/2015	Date of Injury:	02/09/2009
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

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 53 year old female, who sustained an industrial injury on 2/9/2009. The diagnoses have included cervical spondylosis, sacroiliitis, lumbosacral spondylosis without myelopathy, fibromyalgia/myositis, cervicalgia and facet joint syndrome. Past medical history included hypertension. Treatment to date has included pain medications and physical therapy. Magnetic resonance imaging (MRI) from 7/31/2014 showed postoperative changes of anterior discectomy and fusion at C5-C7; no evidence of significant central canal or foraminal stenosis. Per the PR2 from 12/8/2014, the injured worker was seen for a pain management follow-up visit due to chronic industrial neck and low back pain. Pain was rated as 8/10 and described as constant and burning. She reported that her pain from her back radiated down into her legs, right more than left along with a burning sensation in her feet. Physical exam revealed decreased range of motion of the cervical spine with tenderness present in the cervical paravertebral regions bilaterally at the C2-C3 and C3-C4 level. Oxycodone was prescribed. The treating provider is requesting authorization for Lumbar Radiofrequency Rhizotomy right side C3-C4 and C4-C5, then left side one week later. The physician noted that the injured worker had excellent improvement in back pain with a lumbar medical branch block on 7/21/2011 with greater than 80% relief of pain. Per the PR2 dated 1/5/2015 (after date of UR decision), the injured worker continues conservative care and independent exercises both on a ball and on a roll. She noted that traction at physical therapy only aggravated her pain. The injured worker had medical branch blocks performed in 2011 at the C3-C4, C4-Cr levels with greater than 80% pain relief.

She had been scheduled for radiofrequency lesioning (RFL), but the procedure was cancelled and the timeframe to receive the procedure expired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar radiofrequency rhizotomy at right C3-C4 and C4-C5, left side to be performed one week later: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet joint radiofrequency neurotomy

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 12/8/14 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is for non-certification.