

Case Number:	CM15-0015004		
Date Assigned:	02/03/2015	Date of Injury:	11/04/1994
Decision Date:	04/07/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 63 year old male, who sustained an industrial injury on November 4, 1994. He has reported low back pain with radiating pain into the hips with associated tingling and numbness of the feet. The diagnoses have included lumbago, failed back surgery with radiculopathy, lumbosacral region degenerative disc disease, hypertension, obesity, insomnia and muscle spasm. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, conservative treatment modalities, radiofrequency ablation, rhizotomies, pain medications and work restrictions. Currently, the IW complains of low back pain with radiating pain into the hips with associated tingling and numbness of the feet. The injured worker reported an industrial injury in 1994, resulting in the above noted chronic pain. He has been treated conservatively and surgically without resolution of the pain. He reported 10-15 years earlier gaining 100% temporary relief with rhizotomy treatments. He has failed multiple treatment modalities since. Evaluation on August 5, 2014, revealed continued pain. The request was for cooled radiofrequency ablation. On December 2, 2014, evaluation revealed finally a feeling of comfort after recent pain block. However there was still lingering pain. On December 31, 2014, Utilization Review non-certified a request for Bilateral L2, L3, L4 and L5 CRFA, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of requested Bilateral L2, L3, L4 and L5 CRFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2, L3, L4 and L5 CRFA: 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), Low Back Chapter, Facet joint radiofrequency neurotomy; Facet joint diagnostic blocks (injections).

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

Decision rationale: According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks". Facet joint injections are not recommended at levels where the patient has had a previous fusion procedure and the patient had a fusion at L4-5. Therefore, the request for Bilateral L2, L3, L4 and L5 CRFA is not medically necessary.