

Case Number:	CM15-0130257		
Date Assigned:	07/22/2015	Date of Injury:	10/19/2006
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 50 year old male, who sustained an industrial injury on 10/19/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having disorders of back, disorders of trunk, displacement of lumbar intervertebral disc without myelopathy, low back pain, and lumbar post-laminectomy syndrome, lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostics, radiofrequency neurotomy of the medial branch nerves, spinal cord stimulator, and medications. Currently, the injured worker complains of increasing right low back pain, currently rated 9/10 without medication. It was documented that he underwent radiofrequency neurotomy of the medial branch nerves to the right L3-4 and L4-5 facets on 11/14/2011, reducing back pain by 60% and enabling full work duties from modified duties. His pain was gradually increasing within the past few months. Medication use included Nucynta. The treatment plan included lumbar radiofrequency (neurotomy of the medial branch nerves at L3, L4 and L5).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radiofrequency (Neurotomy of the medial branch nerves @ L3, L4, & L5):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Radiofrequency Neurotomy, Facet joint diagnostic blocks.

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-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2006 and is being treated for back, shoulder, and right upper extremity pain. When seen, he was having right shoulder pain with upper extremity numbness, tingling, and weakness in right low back pain. Prior treatments had included lumbar radiofrequency ablation more than one year before. This was performed in November 2011 with greater than 60% pain relief. Physical examination findings included a BMI of over 28. He had an antalgic gait. There was pain over the right lumbar facet joints with referred pain to the buttock and lateral thigh. He had lumbar and lower thoracic muscle spasms. There was severe pain with spinal extension and side bending. He was using a spinal cord stimulator which was effectively treating radicular lower extremity symptoms. His last visit had been in February 2015. Authorization for repeat lumbar radiofrequency ablation was requested. If a repeat neurotomy is being considered, it should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. No more than 3 procedures should be performed in a year's period. In this case, the criteria are met and the repeat medial branch radiofrequency is medically necessary.