

Case Number:	CM15-0134421		
Date Assigned:	07/22/2015	Date of Injury:	01/06/2000
Decision Date:	08/26/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/13/2015

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, Alabama, 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 52-year-old male, who sustained an industrial injury on January 6, 2000. Treatment to date has included lumbar spine fusion, transforaminal lumbar epidural steroid injection, lumbar radiofrequency ablation, and medications. Currently, the injured worker complains of low back pain. He rates his pain a 4 on a 10-point scale and reports continued benefits from his previous epidural steroid injection. He notes that he has continued burning pain over the facets on the bilateral sides. He reports that his work is affected by pain, particularly with sweeping and lifting. On physical examination, the injured worker has tenderness to palpation over the bilateral sciatic notches. He has sensory deficit to light touch, thermal and vibratory sensation over the L4, L5 and S1 dermatomes in the right lower extremity. He reports numbness and tingling in the right lower extremity and feels numbness in the bottom of his right foot. He has motor weakness in the bilateral lower extremities. He has a mild positive straight leg raise bilaterally and tenderness to palpation over the bilateral sacroiliac joints. His lumbar spine range of motion is decreased. The diagnoses associated with the request include lumbago with radiculopathy, status post removal of hardware, facet and sacroiliac joint arthropathy, migraine headaches, and cervical pain with radicular pain. The treatment plan includes Norco, Methadone, Klonopin and repeat radiofrequency neurolysis of the L5-S1 and L4-5 facets bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 radiofrequency neurolysis Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. There is no documentation of significant pain and functional improvement with previous radiofrequency ablation. There is no documentation of reduction of the use of pain medications with previous ablations. Therefore, Left L4-L5 radiofrequency neurolysis Qty: 1 is not medically necessary.

Right L4-L5 and bilateral L5-S1 radiofrequency neuroloysis Qty:3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. There is no documentation of significant pain and functional improvement with previous radiofrequency ablation. There is no documentation of reduction of the use of pain medications with previous ablations. There is no rational from requesting 3 consecutive radiofrequency neurolysis without documentation of the efficacy of the first injections Therefore, Right L4-L5 radiofrequency neurolysis Qty: 3 is not medically necessary.