Case Number:	CM15-0197355		
Date Assigned:	10/12/2015	**Date of Injury:**	04/01/2002
Decision Date:	11/24/2015	**UR Denial Date:**	09/16/2015
Priority:	Standard	**Application Received:**	10/07/2015

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: Preventive Medicine, Occupational 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 59 year old female who sustained an industrial injury 04-01-02. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spondylosis, and bilateral lumbar facets syndrome. Medical records (08-31-15) reveal the injured worker reports 50% relief of mid back pain following left thoracic epidural steroid injection at T8-9 on 08-03-15, which she now rates at 4-5/10 with medications. She now complains of increasing low back pain rated at 8/10 with medications. The physical exam (08-31-15) reveals L3-5 lumbar paralumbar spasm and tenderness; lumbar spine limited range of motion, with motor as sensory intact to the bilateral lower extremities. Prior treatment includes cervical, thoracic, and lumbar epidural steroid injections, bilateral radiofrequency ablations and thoracic facet rhizotomies, bilateral lumbar and cervical facet neurotomies, bilateral lumbar facet injections, and medications. The original utilization review (09-16-15) non certified the request for bilateral lumbar radiofrequency neurotomies at L4-S1. The documentation supports that he injured worker underwent bilateral radiofrequency lumbar facet neurotomies in 01-14 and in 10-14. The injured worker reported 75% improvement in 03-14 and 50% improvement in 03/14 after the prior treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar radiofrequency neurotomy L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Low Back Chapter (updated 07/17/15), Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter/Facet Joint Radiofrequency Neurotomy Section.

Decision rationale: MTUS guidelines do not address the use of lumbar radiofrequency neurotomy. Per ODG, Facet Joint Radiofrequency Neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Criteria for use of facet radiofrequency neurotomy include: 1. Treatment requires a diagnosis of facet joint pain; 2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function; 3. No more than two joint levels are to be performed at one time; 4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks; 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy; 6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this case, the documentation supports that the injured worker underwent bilateral radiofrequency lumbar facet neurotomies in 01-14 and in 10-14. The injured worker reported 75% improvement in 03-14 and 50% improvement in 03/14 after the prior treatments. However, the duration of pain relief from the most recent procedure was less than 4 months. The guidelines support a repeat of this procedure with pain relief lasting at least 6 months. Therefore, the request for bilateral lumbar radiofrequency neurotomy L4-L5, L5-S1 is not medically necessary.