

Case Number:	CM15-0197733		
Date Assigned:	10/13/2015	Date of Injury:	05/03/2002
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56 year old female who sustained an industrial injury on 5-30-02. A review of the medical records indicates she is undergoing treatment for low back pain, lumbar facet osteoarthritis, and right lower extremity neuropathic pain. Medical records (May 2015 to 9-9-15) indicate ongoing complaints of low back pain with a rating of "7-10 out of 10". The 7-16-15 PR2 indicates that the injured worker sustained a fall and states "everything is bad all the way around". The 9-9-15 PR2 indicates that she "bent over to pet the dog" causing her back pain to "flare". The treating provider indicates tenderness to palpation of the bilateral L4-5 and L5-S1 facets. Treatment has included physical therapy, a home exercise program, use of heat, medications, a medial branch block of L3, L4, and L5 in 2012, and a radiofrequency ablation of L3, L4, and L5. The records indicate that the prior radiofrequency ablation was "over 2 years ago" and provided "improved pain 70% for one year". The utilization review (9-28-15) includes a request for authorization of bilateral lumbar radiofrequency ablation at L3, L4, L5, and S1 with fluoroscopic guidance and sedation. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar RFTC (radiofrequency thermocoagulation) ablation at levels L3, L4, L5 and S1 with fluoroscopic guidance and sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter: Facet joint radiofrequency neurotomy and sedation.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: 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. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. The request is also for multiple levels which have not indicated per the ODG. Therefore, the request is not medically necessary based on ACOEM guidelines and failure of the provided documentation for review to meet criteria.