

Case Number:	CM15-0204736		
Date Assigned:	10/21/2015	Date of Injury:	12/08/2005
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 43 year old male who sustained an industrial injury on 12-8-2005. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar facet syndrome, status post anterior lumbar interbody fusion L5-S1 fusion and status post L5-S1 microdiscectomy. According to the progress report dated 9-25-2015, the injured worker complained of chronic low back pain rated 5 out of 10. He reported good, transient relief of his right sided back pain with acupuncture. Objective findings (9-25-2015) revealed spasms over the right paraspinal muscles at the L1-L3 levels. There was moderate tenderness and trigger points noted on palpation of the lumbar spine. Sensory was diminished over the right lateral and medial thigh and calf to light touch and pinprick. Treatment has included surgery, right L3-L4, L4-L5 radiofrequency neurotomy (RFN) on 1-6-2015, acupuncture, trigger point injections and medications (Percocet and Soma). The original Utilization Review (UR) (10-1-2015) denied a request for right L1-L4 radiofrequency neurotomy (RFN).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L1 - L4 radiofrequency neurotomy (RFN): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 9/22/2015) Criteria for use of facet joint radiofrequency neurotomy.

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. No more than 2 joint levels should be performed at one time. The request is for greater than 2 joint levels. Therefore, the request is not medically necessary.