

Case Number:	CM15-0207149		
Date Assigned:	10/28/2015	Date of Injury:	01/06/1964
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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 was a 75 year old male, who sustained an industrial injury, January 6, 1964. The injured worker was undergoing treatment for lumbar facet arthropathy, lumbar degenerative disc disease and other symptoms referable to the back. According to progress note of September 1, 2015; the injured worker's chief complaint was back pain. The injured worker rated the pain at 7 out of 10 at this visit. The average pain level was 9 out of 10 at rest 7 out of 10 and with activity 8-9 out of 10. The physical exam noted decreased range of motion of the lumbar spine with flexion and rotation with mild restriction. The pain worsened with range of motion on all planes. The injured worker previously received the following treatments physical therapy, Hydrocodone, Pregabalin (Lyrica), radio frequency ablation with fluoroscopy on January 27, 2015 with 7 months of relief at L5-S1, L4-L5 and L3-L4 right medial branch nerve radiofrequency ablation with fluoroscopy on April 27, 2015 with good pain relief. The RFA (request for authorization) dated September 1, 2015; the following treatments were requested bilateral radio frequency ablations of the paravertebral facet times two, times 4 at L3-L4, L4-L5, L5-S1 one side at a time (2 visits) lumbar spine. The UR (utilization review board) denied certification on October 13, 2015; for bilateral radio frequency ablations of the paravertebral facet times two, times 4 at L3-L4, L4-L5, L5-S1 one side at a time (2 visits) lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral RFA of paravertebral facets L3-4, L4-5, L5-S1 - one side at a time (2 visits) - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) RFA facet joints.

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.