

Case Number:	CM15-0022143		
Date Assigned:	02/11/2015	Date of Injury:	11/03/2009
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/05/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old female who reported an injury on 11/03/2009. The mechanism of injury was not stated. The current diagnoses include chronic low back pain, facet syndrome, and disc bulging with mild spondylolisthesis. The injured worker presented on 01/19/2015 for a follow up evaluation regarding low back pain. The injured worker also reported intermittent leg pain with tingling and numbness. The injured worker underwent a lumbar radiofrequency neurotomy in 2011. Previous conservative treatment also includes epidural steroid injection, trigger point injections, TENS therapy, exercise, heat/ice therapy, massage therapy, and physical therapy. Upon examination, there was tenderness to palpation over the bilateral facet joints at L4-S1, flexion to 90 degrees, extension to 10 degrees, pain over the facet joints with oblique rotation, 1+ diminished Achilles reflexes, intact sensation, a negative straight leg raise, and 5/5 motor strength. Recommendations included a repeat lumbar radiofrequency neurotomy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right lumbar radiofrequency neurotomy at L3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, it was noted that the injured worker is status post lumbar radiofrequency ablation in 2011. However, there was no documentation of a recent attempt at facet joint diagnostic blocks. There is also no mention of a recent attempt at conservative therapy including active rehabilitation. There was no objective evidence of significant pain relief and functional improvement following the initial procedure. Therefore, the medical necessity for an additional procedure has not been established at this time. Therefore, the request is not medically appropriate.

One right lumbar radiofrequency neurotomy at L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, it was noted that the injured worker is status post lumbar radiofrequency ablation in 2011. However, there was no documentation of a recent attempt at facet joint diagnostic blocks. There is also no mention of a recent attempt at conservative therapy including active rehabilitation. There was no objective evidence of significant pain relief and functional improvement following the initial procedure. Therefore, the medical necessity for an additional procedure has not been established at this time. Therefore, the request is not medically appropriate.

One right lumbar radiofrequency neurotomy at L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, it was noted that the injured worker is status post lumbar radiofrequency ablation in 2011. However, there was no documentation of a recent attempt at facet joint diagnostic blocks. There is also no mention of a recent attempt at conservative therapy including active rehabilitation. There was no objective evidence of significant pain relief and functional improvement following the initial procedure. Therefore, the medical necessity for an additional procedure has not been established at this time. Therefore, the request is not medically appropriate.

One left lumbar radiofrequency neurotomy at L3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, it was noted that the injured worker is status post lumbar radiofrequency ablation in 2011. However, there was no documentation of a recent attempt at facet joint diagnostic blocks. There is also no mention of a recent attempt at conservative therapy including active rehabilitation. There was no objective evidence of significant pain relief and functional improvement following the initial procedure. Therefore, the medical necessity for an additional procedure has not been established at this time. Therefore, the request is not medically appropriate.

One left lumbar radiofrequency neurotomy at L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, it was noted that the injured worker is status post lumbar radiofrequency ablation in 2011. However, there was no documentation of a recent attempt at facet joint diagnostic blocks. There is also no mention of a recent attempt at conservative therapy including active rehabilitation. There was no objective evidence of significant pain relief and functional improvement following the initial procedure. Therefore, the medical necessity for an additional procedure has not been established at this time. Therefore, the request is not medically appropriate.

One left lumbar radiofrequency neurotomy at L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, it was noted that the injured worker is status post lumbar radiofrequency ablation in 2011. However, there was no documentation of a recent attempt at facet joint diagnostic blocks. There is also no mention of a recent attempt at conservative therapy including active rehabilitation. There was no objective evidence of significant pain relief and functional improvement following the initial procedure. Therefore, the medical necessity for an additional procedure has not been established at this time. Therefore, the request is not medically appropriate.