

Case Number:	CM15-0025881		
Date Assigned:	02/18/2015	Date of Injury:	12/06/1994
Decision Date:	03/27/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 51 year old male sustained an industrial injury on 12/6/94, with subsequent ongoing low back and hip pain. In an office visit dated 1/19/15, the injured worker complained of ongoing low back pain with radiation to the hips. The injured worker underwent a medial branch block during the office visits with greater than 50% improvement to overall back pain. Current diagnoses included failed back surgery syndrome of the lumbar spine responsive to medial branch block, history of epidural abscess and knee degenerative joint disease. The treatment plan included radiofrequency ablation at L3-4, L4-5 and L5-S1, keeping a pain diary and continuing medications (Norco, Flexeril and ibuprofen). On 2/3/15, Utilization Review noncertified a request for one radiofrequency rhizotomy at bilateral L3-4, L4-5, L5-S1 citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Worker's Compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radio Frequency Rhizotomy at Bilateral L3-4, L4-5, L5-S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back (Lumbar & Thoracic) (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker has a chronic history of low back and hip pain with failed back surgery syndrome of the lumbar spine. Although the MTUS does not specifically address radiofrequency neurotomy (rhizotomy), the cited ODG guidelines address specific criteria for the procedure. Overall, there is conflicting evidence for the efficacy of radiofrequency neurotomy; however, in select cases it may be an acceptable procedure for low back pain control. The injured worker did have a 50% reduction in pain from a medial branch block, which meets one of the criteria from ODG. By continuation of a pain diary, pain medications, and physical therapy, the post-operative plan may be consistent with additional evidence-based conservative care. However, since the criteria are specific for no more than two joint levels performed during the procedure, radiofrequency ablation at L3-4, L4-5 and L5-S1 is not medically necessary.