

Case Number:	CM15-0213394		
Date Assigned:	11/03/2015	Date of Injury:	09/22/2008
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 73-year-old female, with a reported date of injury of 08-22-2008. The diagnoses include lumbar spondylosis, lumbar degenerative disc disease, lumbar failed back syndrome, trochanteric bursitis of both hips, and arachnoiditis. The progress report dated 09-01-2015 indicates that the injured worker had ongoing back pain. She reported that the pain was rated 6 out of 10 at is least, and 10 out of 10 at its worst. On 08-04-2015, it was noted that the injured worker rated her current pain level 6 out of 10. The physical examination showed no acute distress, pain on palpation of the lumbar facet on both sides at L3-S1, palpable twitch positive trigger points in the lumbar paraspinous muscles, anterior-lumbar flexion caused pain, pain with lumbar extension, and left lateral flexion caused pain. The injured worker's status was noted as permanent and stationary. Her work status was deferred to the primary treating physician. It was noted that the injured worker had "continued improvement" with the previous bilateral radiofrequency lesioning. The diagnostic studies to date have included an MRI of the lumbar spine on 12-29-2014 which showed retrolisthesis of L2, minimal anterolisthesis of L4, severe adhesive clumping of the intrathecal nerve roots consistent with severe arachnoiditis, peripheral alignment of the intrathecal nerve roots with an empty sac sign, and Modic type I degenerative endplate changes at L3-4 and L2-3; and a urine drug screen on 06-15-2015 with negative findings. Treatments and evaluation to date have included radiofrequency ablation of lumbar facet medial branch nerves on 05-27-2015 and 06-10-2015, Percocet, Flexeril, lumbar facet nerve blocks on 04-30-2015, Neurontin, and Mobic. The treating physician requested bilateral radiofrequency lesioning L3-5 with fluoroscopy and anesthesia. On 10-13-2015,

Utilization Review (UR) non-certified the request for bilateral radiofrequency lesioning L3-5 with fluoroscopy and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency lesioning L4-L5 x 1 (right side first; then recovery for two weeks then scheduled for left side) with fluoroscopy and anesthesia: 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), Treatment Index, 18th edition (web) 2013, Treatment In Workers Compensation, Low Back - radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Facet Joint Radiofrequency Neurotomy section.

Decision rationale: MTUS guidelines do not address the radiofrequency neurotomy. Per the ODG, this procedure is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. In this case, the injured worker has had radiofrequency ablation of lumbar facet medial branch nerves on 05-27-2015 and 06-10-2015 without documentation of the extent or duration of pain relief or functional improvement. The request for bilateral radiofrequency lesioning L4-L5 x 1 (right side first; then recovery for two weeks then scheduled for left side) with fluoroscopy and anesthesia is determined to not be medically necessary.