

Case Number:	CM15-0056302		
Date Assigned:	04/01/2015	Date of Injury:	11/22/2003
Decision Date:	05/07/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/24/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury, November 22, 2003. The injured worker previously received the following treatments, lumbar spine MRI, facet rhizotomy, Norco, facet radiofrequency neurotomy, injections, LidoPro, Ultracet, Anaprox and Prilosec. The injured worker was diagnosed with lumbar degenerative disc disease with facet joint syndrome and mild right lower extremity radiculopathy, a 2mm disc bulge at L4-L5 as shown on MRI and medication induced gastritis. According to progress note of February 6, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain 4-5 out of 10; 0 being no pain and 10 being the worse pain. The pain was aggravated by bending, twisting and turning. The injured worker had a facet rhizotomy at L3, L4 and L5 on June 7, 2012 which provided 70% which lasted 10-12 months. The physical exam noted the lumbar spine showed mild pain to palpation of the lumbar musculature. Muscle rigidity with trigger points noted of the lumbar musculature, which caused severe pain to palpation of the lower lumbar regions. Facet loading did cause pain. Straight leg rising from a seated position was positive bilaterally. The treatment plan included lumbar RFTC (facet radiofrequency neurotomy) bilateral injections at L3, L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar RFTC bilateral L3, L4 and L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter: Facet joint radiofrequency neurotomy.

Decision rationale: According to the 02/06/2015 report, this patient presents with pain in her lower back which remains axial in nature. The current request is for repeat Lumbar RFTC bilateral L3, L4 and L5. The request for authorization is on 01/13/2015 and the patient's work status was not mentioned in the provided reports. Based on the medical reports provided for review, the treating physician states the patient underwent a facet rhizotomy at L3, L4 and L5 on June 7, 2012 which provided excellent pain relief of up to 70 % with the effects lasting approximately 10-12 months. She noted improved mobility and activity tolerance as well as being able to work on a daily basis with less pain. Regarding repeat Radiofrequency ablation, the ODG guidelines state while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. In this case, the treating physician documented that the patient had pain relief for 10-12 months with up to 70% improvement from the previous procedure. The ODG criteria for repeat radiofrequency ablation have been established in the medical records provided. The current request for Lumbar RFTC bilateral L3, L4 and L5 is medically necessary.