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| Case Number: | CM14-0119825 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 11/03/2006 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 48 year old male with an 11/3/2006 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/14/14 noted subjective complaints of low back pain. Objective findings included restricted range of motion in the right hip and lumbar spine. An appeal letter dated 8/11/14 notes that previous 8/8/13 L2-L3 and L4-L5 right sided RFA provided 80% relief for more than 10 months and allowed him to work full time and enabled the patient to decreased pain medication intake. He has failed physical therapy, NSAIDs, and conservative treatments. Diagnostic Impression: lumbar facet arthropathy. Treatment to Date includes medication management, physical therapy, and prior lumbar RFA. A UR decision dated 7/29/14 denied the request for right L2-L3 facet joint radiofrequency nerve ablation. It also denied right L4-L5 facet joint radiofrequency nerve ablation. There was not clear documentation of the length of pain relief from prior RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right L2-L3 facet joint radio frequency nerve ablation (neurotomy/rhizotomy): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint pain, signs & symptoms, Facet joint rhizotomies

MAXIMUS 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 chapter

Decision rationale: The California MTUS and Official Disability Guidelines criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at greater than or equal to 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. In the appeal letter from 8/11/14 it is noted that prior RFA at the requested levels resulted in >80% relief for 10 months, and that recent extensive conservative management has been ineffective. Furthermore, the previous RFA was able to allow patient to work and reduce medication intake. Therefore, the request for fluoroscopically guided right L2-L3 facet joint radio frequency nerve ablation (neurotomy/rhizotomy) is medically necessary.

Fluoroscopically guided right L4-L5 facet joint radio frequency nerve ablation (neurotomy/rhizotomy): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint pain, signs & symptoms, Facet joint rhizotomies

MAXIMUS 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 chapter

Decision rationale: The California MTUS and Official Disability Guidelines criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at greater than or equal to 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. In the appeal letter from 8/11/14 it is noted that prior RFA at the requested levels resulted in >80% relief for 10 months, and that recent extensive conservative management has been ineffective. Furthermore, the previous RFA was able to allow patient to work and reduce medication intake. Therefore, the request for fluoroscopically guided right L4-L5 facet joint radio frequency nerve ablation (neurotomy/rhizotomy) is medically necessary.