

Case Number:	CM14-0183873		
Date Assigned:	11/10/2014	Date of Injury:	08/07/2012
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery, has a subspecialty in Spine Fellowship Trained 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:

According to the records made available for review, this is a 68-year-old male with a 8/7/12 date of injury. At the time (9/30/14) of request for authorization for Medial Branch Radiofrequency Ablation Bilateral L3, L4, L5, there is documentation of subjective (chronic neck and low back pain) and objective (decreased lumbar range of motion, positive bilateral straight leg raise, and decreased muscle strength over lower extremities) findings, current diagnoses (chronic lumbar strain and lumbar spondylosis/degenerative disease), and treatment to date (previous L3-4-5 radiofrequency ablation and medications). Medical report identifies that patient has 90% of pain relief with previous radiofrequency ablation performed six months ago. There is no documentation of documented improvement in VAS score, documented improvement in function, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Radiofrequency Ablation Bilateral L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar strain and lumbar spondylosis/degenerative disease. In addition, there is documentation of previous lumbar radiofrequency ablation; and no more than two joint levels to be performed at one time. Furthermore, given documentation that patient has 90% of pain relief with previous radiofrequency ablation performed six months ago, there is documentation of 50% relief with prior neurotomy; and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. However, there is no documentation of 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. Therefore, based on guidelines and a review of the evidence, the request for Medial Branch Radiofrequency Ablation Bilateral L3, L4, L5 is not medically necessary.