

Case Number:	CM14-0194023		
Date Assigned:	12/01/2014	Date of Injury:	08/07/1996
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine & Rehabilitation and Pain Medicine 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:

The injured worker is a 76-year-old female who reported an injury on 08/07/1996. The mechanism of injury was not provided within the submitted medical records. The injured worker's diagnoses include chronic low back pain and spondylosis with musculoskeletal pain. Current medications were noted to include Norco, Celebrex, donepezil, Symbicort, and albuterol. Official diagnostic studies were not provided within the submitted medical records. The injured worker's pertinent surgical history was not provided within the submitted medical records. Other therapies were noted to include diagnostic facet injections, along with medial branch blocks and bilateral radiofrequency thermocoagulation. In the case notes, it was indicated that during the clinical visit on 10/10/2014, the injured worker complained of low back pain with associated radiation of pain into the right lower extremity that was rated 8/10. Physical exam noted the injured worker ambulated with the assistance of a walker and cane, with tenderness to palpation over the right side of the lumbar spine. Straight leg raise test was documented as negative bilaterally. It was then indicated that the injured worker had previously undergone bilateral radiofrequency thermocoagulation at L3, L4, and L5. These procedures were carried out in 08/2013 and 09/2013 with documented 100% relief of symptoms for several months. It was then noted in the case notes that in 01/2014 the injured worker had gotten additional medial branch blocks at the same levels for the chronic pain. It was then further noted that the injured worker underwent 2 different radiofrequency thermocoagulation procedures with a return of symptoms within 3 to 4 months. The rationale for the request at this time is to mitigate the low back pain with the radicular pain. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Right and Left RFTC (Radiofrequency Thermocoagulation Rhizotomy): 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), Facet joint 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: The request for 2 right and left RFTC (radiofrequency thermocoagulation rhizotomy) is not medically necessary. The Official Disability Guidelines state that approval for repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement of VAS scores, decreased medications, and documented improvement in function. The guidelines also state that while repeat neurotomies may be required, they should not occur in intervals 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 greater than 50% relief. With previous documentation in the case notes indicating that the injured worker was only 3 to 4 months of relief with each previous procedure, there is a lack of mitigated pain from each procedure with enough duration that is supported by the guidelines' criteria. With the criteria not being met for repeat procedures, the request at this time is found not to be supported by the guidelines. As such, the request is not medically necessary.