

Case Number:	CM14-0215657		
Date Assigned:	01/05/2015	Date of Injury:	12/30/2008
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 is a 57 year old male with a date of injury as 01/21/2000. The cause of the injury was not included in the documentation received. The current diagnoses include degeneration of lumbar or lumbarsacral intervertebral disc, osteoarthritis of spinal facet joint, and other symptoms referable to back. Previous treatments include oral medications, stretching, heat/ice, rest, and rhizotomy in January of 2014. Primary treating physician's reports dated 10/23/2014 and 11/20/2014, and MRI of the lumbar spine dated 11/27/2013 were included in the documentation submitted for review. Report dated 11/20/2014 noted that the injured worker presented with complaints that included low back pain and intermittent leg pain. The physician documented that since the rhizotomy in January of 2014 the injured worker has increased his activities of daily living, his overall function, and decreased medications. Physical examination revealed tenderness and tightness across the lumbosacral area with restriction of extension, positive straight leg raise on the left. The treating physician documented in the report dated 10/23/2014 that the injured worker received the prior injection 6 months ago with over 65% improvement, but the details of what the improvements were was not included. The injured worker's work status was not made known in the documentation submitted. The utilization review performed on 12/15/2014 non-certified a prescription for radiofrequency rhizotomy, bilateral L4-S1 based on documentation supporting that the injured worker has been diagnosed with radiculopathy and guidelines do not allow for interventional treatments of the facet joints in the presence of radiculopathy. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Rhizotomy, Bilateral L4-S1: 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) http://www.odgtwc.com/odgtwc/low_back.htm#facetjointradiofrequencyneurotomy

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, RF ablation

Decision rationale: This patient presents with chronic low back pain and intermittent leg pain with lumbar DDD with radiculopathy. The current request is for radiofrequency rhizotomy, bilateral L4-S1. The treating physician states that the patient has had a prior rhizotomy in January of 2014, which has provided increase in activities of daily living and overall function and decreased medication intake. ACOEM Guidelines page 300 and 301 states, Lumbar facet neurotomies reportedly produce mixed results. For more thorough discussion, ODG Guidelines are referenced. ODG under its low back chapter states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be based on a case by case basis. Specific criteria used including diagnosis of facet pain with adequate diagnostic blocks, no more than 2 levels to be performed at a time and evidence of normal conservative care in addition to facet joint therapy is required. Adequate diagnostic block requires greater than 70% reduction of pain for the duration of analgesic agent use. In this case, there is no discussion or evidence of diagnosis of facet joint pain using a medial branch block. Furthermore, the patient has a positive straight leg raise and intermittent leg pain with lumbar radiculopathy, as discussed in report dated 11/22/2014. In this case, facet blocks would not be warranted as the patient presents with radicular symptoms; therefore the requested radiofrequency is not medically necessary.