

Case Number:	CM15-0010628		
Date Assigned:	01/28/2015	Date of Injury:	06/12/1992
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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 is a 51 year old female, who sustained an industrial injury on 6/12/1992. The injured worker complains of low back pain. The diagnoses on 7/16/13 included lumbar spondylosis with facet joint pain, improved; lumbar spinal stenosis, foraminal type, improved and left sacroiliac joint pain, no improvement. Treatment to date has included lumbar transforaminal epidural steroid injection and Sacroiliac Injections joint injection performed on 7/8/14; lumbar transforaminal epidural steroid injection, Sacroiliac Injections joint injection and sacral transforaminal epidural injection on 11/7/13. According to the utilization review performed on 12/23/14, the requested repeat (B) L3, L4, L5 radiofrequency neurotomy has been non-certified. ODG, low back, lumbar and thoracic (acute and chronic) was used, the documentation noted that repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat (B) L3, L4, L5 radiofrequency neurotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy

Decision rationale: This patient presents with low back pain. The current request is for REPEAT (B) L3, L4, L5 RADIOFREQUENCY NEUROTOMY. Regarding radiofrequency ablation, ACOEM Guidelines page 300 and 301 state, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. 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. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." Progress report dated 7/16/13 states that the patient is status post radiofrequency neurotomy on 5/7/13 with "more than 50%" relieved of pain. ODG allows for repeat radiofrequency neurotomy when there is at least 12 weeks of 50% or more pain relief and "they should not occur at an interval of less than 6 months from the first procedure." Currently, there is only a 2.5 month interval from initial injections. In addition, there is no discussion of decreased medications intake and documented improvement in function as required by MTUS. This request IS NOT medically necessary.