

Case Number:	CM15-0125427		
Date Assigned:	07/10/2015	Date of Injury:	11/04/2010
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial lifting injury on 11/04/2010. The injured worker was diagnosed with lumbago, lumbar facet syndrome and lumbar radiculitis. Treatment to date has included diagnostic testing, acupuncture therapy, chiropractic therapy, lumbar medial branch block times 2 (last injection in October 2014), physical therapy and medications. According to the treating physician's progress report on June 2, 2015, the injured worker continues to experience low back, buttocks, bilateral thigh and knee pain. The injured worker rates her pain level at 7/10 and at its worse at 10/10. Examination of the lumbar spine demonstrated pain on palpation of the lumbar facets bilaterally at L3-S1 region and increased at right L3-L5 versus the left. There was increased facet pain with provocative maneuver. No pain was noted over the intervertebral spaces or bilateral sacroiliac joints. Straight leg raise was negative bilaterally. Tenderness to palpation of the lumbar paraspinal muscles was noted with painful extension at 15 degrees. Motor strength and deep tendon reflexes were intact bilaterally. Current medications are listed as Ultram and Omeprazole. Treatment plan consists of start Mobic 15mg once a day and the current request for a right L3-L4, L4-L5 radiofrequency lesioning under fluoroscopy, left L3-L4, L4-L5 radiofrequency lesioning under fluoroscopy (different day) and monitored anesthesia, Qty 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar L3-L4, L4-L5 radiofrequency lesioning under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/15187637].

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

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. Therefore, the request is not medically necessary based on ACOEM guidelines and failure of the provided documentation for review to meet criteria.

Left Lumbar L3-L4, L4-L5 radiofrequency lesioning under fluoroscopy (different day): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/15187637].

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

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. Therefore, the request is not medically necessary based on ACOEM guidelines and failure of the provided documentation for review to meet criteria.

Monitored anesthesia, Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/16166913].

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. Therefore the request is not medically necessary based on ACOEM guidelines and failure of the provided documentation for review to meet criteria. As radiofrequency ablation is not indicated there is no medical need for anesthesia.