

Case Number:	CM15-0174644		
Date Assigned:	09/16/2015	Date of Injury:	03/10/2013
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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 43 year old female, who sustained an industrial injury on 3-10-13. Medical record indicated the injured worker is undergoing treatment for lumbar sprain, bilateral lumbar facet hypertrophy and arthropathy, facet mediated pain lumbar spine, radiculopathy of lower extremity improved and cervical sprain with cervical disc disease. Treatment to date has included diagnostic facet block which provided 2 hours of relief, Relafen and activity modifications. Currently on 7-8-15, the injured worker complains of continued low back pain. Work status is unclear. Physical exam on 7-8-15 revealed some tenderness on C2-6 facets on right side with mild paracervical muscle spasm. The treatment plan included facet ablation or radiofrequency ablation. On 8-17-15, utilization review non-certified q request for radiofrequency ablation noting there is no clear clinical indication the ablation procedure has demonstrated any efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy, Right L4-L5 and L5-S1 medial branches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

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. The provided medical records do not meet criteria for this non-recommended procedure. The patient has radicular pain on exam and previous diagnostic blocks did not produce lasting effects. Therefore, the request is not medically necessary.