

Case Number:	CM15-0175722		
Date Assigned:	09/17/2015	Date of Injury:	07/07/1985
Decision Date:	10/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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: Preventive Medicine, Occupational Medicine

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 60-year-old female injured worker suffered an industrial injury on 7-7-1985. The diagnoses included chronic lower back pain, lumbosacral strain and pain, lumbosacral degenerative disc disease, chronic pain syndrome and left lower extremity radicular pain. On 8-26-2015 the treating provider reported chronic lower back pain rated 5 out of 10 but was slowly increasing to 6 out of 10 that radiates to the left lower extremity with numbness and tingling on the back of the left thigh and left heel. The prior radiofrequency ablation was performed sometime in January through March 2014 with very good response noted on visit 3-20-2014. The response lasted approximately more than a year. On exam, the gait is altered with minimal difficulty sitting down and standing up from a chair. Prior treatments included Norco, Soma, Prozac and Lyrica. The Utilization Review on 9-2-2015 determined non-certification for Bilateral RF ablation at L3 and 6 each additional Bilateral RF ablation at L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral RF ablation at L3: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 / facet joint blocks/facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines <http://www.painmed.org/practicemanagement/codingnews/coding-clarification-reporting-paravertebral-facet-joint-nerve-destruction-codes-64633-64636/>.

Decision rationale: MTUS Guidelines support repeat facet neurotomies (thermal rhizotomies) if prior neurotomies resulted in significant pain relief lasting at least 6 months. The Guidelines do not mandate repeat diagnostic facet nerve blocks when prior rhizotomies were deemed successful per Guideline standards. Both the primary treating physician and consulting physician clearly documented significant pain relief lasting a full year from the prior rhizotomies. The requested repeat rhizotomies cover the L4-5 and L5-S1 facets (which mandate L3-S1 nerve root neurotomies). The request for the repeat Bilateral RF ablation at L3 is medically necessary. The submitted CPT code is in error.

6 each additional: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Repeat radiofrequency ablation.

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 / facet joint blocks/facet joint radiofrequency neurotomy and Other Medical Treatment Guidelines <http://www.painmed.org/practicemanagement/codingnews/coding-clarification-reporting-paravertebral-facet-joint-nerve-destruction-codes-64633-64636/>.

Decision rationale: MTUS Guidelines support repeat facet neurotomies (thermal rhizotomies) if prior neurotomies resulted in significant pain relief lasting at least 6 months. The Guidelines do not mandate repeat diagnostic facet nerve blocks when prior rhizotomies were deemed successful per Guideline standards. Both the primary treating physician and consulting physician clearly documented significant pain relief lasting a full year from the prior rhizotomies. The requested repeat rhizotomies cover the L4-5 and L5-S1 facets (which mandate L3-S1 nerve root neurotomies). Even though the submitted CPT coding is in error, the request for 6 additional nerve blocks (L4, L5 and S1 bilaterally) is supported by Guidelines and is medically necessary.