

Case Number:	CM15-0090430		
Date Assigned:	05/14/2015	Date of Injury:	07/01/2002
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, California

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 55 year old male, who sustained an industrial injury on July 1, 2002. The injured worker reported a trailer fell on him injuring his back. The injured worker was diagnosed as having lumbar spondylosis, lumbar or thoracic radiculopathy and post lumbar laminectomy. Treatment to date has included magnetic resonance imaging (MRI), therapy, surgery, epidural steroid injection, medial branch block, radiofrequency neurotomy and medication. A progress note dated April 9, 2015 the injured worker complains of back and leg pain. He reports leg pain is increased. Lumbar pain is rated 3/10. Physical exam notes lumbar tenderness with tightness and painful range of motion (ROM). The plan includes repeat radiofrequency neurotomy, Tramadol, Ultram and Gabapentin. The medication list includes Omeprazole, Ultram, Ibuprofen, and Gabapentin. The patient had received L1-2 radiofrequency neurotomy on 12/18/14 and L5-S1 ESI for this injury. The patient has had MRI of the low back on 7/22/13 that revealed central canal stenosis and postsurgical changes. The patient's surgical history includes lumbar fusion. Patient has received an unspecified number of PT visits for this injury. Per the doctor's note dated 4/14/15 patient had complaints of leg pain and low back pain. Physical examination of the low back revealed tenderness on palpation, limited range of motion, negative SLR and no radiculopathy. The patient has had history of lumbar radiculopathy, positive SLR, absent reflexes and numbness in leg. The patient had received radiofrequency neurotomy at L1, 2 and 3 on 9/5/14 and 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Repeat L2-3 radiofrequency neurotomy: 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), Low Back, Facet joint radiofrequency neurotomy.

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 (updated 05/15/15) Facet joint intra-articular injections (therapeutic blocks) Facet joint radiofrequency neurotomy.

Decision rationale: Repeat L2-3 radiofrequency neurotomy. CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint radiofrequency neurotomy, "Under study. 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." The patient had received radiofrequency neurotomy at L1, 2 and 3 on 9/5/14 and 9/18/14. As per cited guideline, a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. Any evidence of duration of relief from the first procedure is documented for at least 12 weeks at 50% relief was not specified in the records provided. As per cited guideline there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy which was not specified in the records provided. Patient has received an unspecified number of the PT visits conservative treatment this injury till date. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Repeat L2-3 radiofrequency neurotomy is not fully established in this patient. Therefore the request is not medically necessary.