

Case Number:	CM14-0141943		
Date Assigned:	09/10/2014	Date of Injury:	07/02/2010
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old female who sustained an injury 07/02/2010 from a cumulative trauma. The patient underwent L5-S1 discectomy in 1998, L5-s1 discectomy and laminectomy in 2008, and an L3-4 ProDisc along with lumbar fusion at L4-5 and L5-S1 in 2010. She received a lumbar rhizotomy which provided her with significant relief. Prior treatment history has included aquatic therapy, TNES, acupuncture and medication management. According to the UR, the patient was seen on 07/15/2014 with complaints of chronic severe neck and low back pain with associated numbness and tingling. She rated her pain as 4/10. The patient has had epidural steroid injection's in the past and lumbar RFA, providing her with 90% relief for a year. There were no reports provided that documented measurable objective findings or symptomatology pertaining to the lumbar spine. Prior utilization review dated 08/15/2014 states the request for 1 Bilateral Lumbar Radiofrequency Ablation at The L2 and L3 Levels under Fluoroscopic Guidance is not certified based on the evidence submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

. (1) Bilateral Lumbar Radiofrequency Ablation at the L2 and L3 Levels under Fluoroscopic Guidance is not medically: Upheld

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

MAXIMUS 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, Facet joint diagnostic blocks

Decision rationale: CA MTUS/ACOEM guidelines indicate "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." According to ODG guidelines, facet joint radiofrequency neurotomy is "under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function." "Treatment requires a diagnosis of facet joint pain using a medial branch block..." "A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief." In this case bilateral radiofrequency neurotomy at L2-3 is requested for a 56-year-old female with chronic low back pain status post L3-4 ProDisc and L4-5, L5-S1 fusion in 2010. Prior lumbar radiofrequency neurotomy was apparently performed in 2013. However, lumbar level is not provided, and clinically significant improvement from the prior procedure is not demonstrated in the provided records. Diagnostic medial branch blocks are not discussed. Further, the patient has symptoms and signs suggestive of lumbar radiculopathy such that facet joint pain is not clearly established. Finally, there does not appear to be a "formal plan of additional evidence-based conservative care in addition to facet joint therapy." Given the above the request is not medically necessary.