

Case Number:	CM13-0003508		
Date Assigned:	12/27/2013	Date of Injury:	05/11/2004
Decision Date:	02/13/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 61 year old male presenting with low back pain following a work related injury on 05/11/2004. The pain is described as severe and radiating across to the bilateral buttocks and bilateral groin. The pain is further described as sharp, shooting, stabbing and burning. The claimant tried bilateral lumbar facet injections and bilateral radiofrequency lumbar facet neurotomy with 75% reduction in pain. The claimant also had physical therapy, chiropractor treatment and anti-inflammatory medications without relief in his pain. The physical exam was significant for lumbar spine tenderness from L3-5 level bilaterally. There is bilateral lumbar facet tenderness at L3-4, L4-5 and L5-S1, pain in the lumbar spine worsens on extension, side bending and rotation of the spine, and range of motion of the lumbar spine is limited. The claimant was diagnosed with lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, and mechanical low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radio frequency lumbar facet neurotomy, L3, L4 and L5 right and left to be done 10-15 days apart: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 181, 183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Guidelines (ODG) Low back pain

Decision rationale: Lumbar facet injection at L3, L4 and L5 in this case is not medically necessary. MTUS references the occupation medicine practice guidelines on page 300 which states that "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." Additionally, the occupation medicine practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is nonradicular and to no more than 2 levels bilaterally. Documentation of failed conservative therapy, including home exercise physical therapy and NSAIDs, is required prior to the diagnostic facet block. A request was made for three levels when only two levels are certifiable per ODG; therefore, the request is not medically necessary.