

Case Number:	CM13-0006421		
Date Assigned:	11/01/2013	Date of Injury:	10/26/2010
Decision Date:	01/21/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

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 Internal 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 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 55 year-old male, who was injured on October 26, 2010, when performing heavy lifting. The claimant was diagnosed with acquired spondylolisthesis, post laminectomy syndrome at L4-L5, lumbar sprain/strain, lumbar muscle spasms, and right sciatica due to lifting. The claimant did undergo an L4-L5 medial branch block with 60% relief or more. Medication management was stated to include Norco and Ativan. The physical examination on May 31, 2013, documented ongoing low back pain, throbbing, burning; and aching. The pain was described as constant and increased by "everything" but decreased by rest. The physical examination documented positive tenderness to palpation of the lumbar paraspinal areas and positive tenderness to palpation throughout the back. The claimant was stated to have a history of post L4-L5 laminectomy and facetectomy secondary to lumbar spinal stenosis. Decision for left L4-L5 lumbar with RFA with fluoroscopy in office, 2 weeks after the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 lumbar with radiofrequency ablation (RFA) with fluoroscopy in office, 2 weeks after the right: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Invasive Techniques, ACOEM, 2004 Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to American College of Occupational and Environmental Medicine 2004 OMPG Low Back, chapter 12, page 300, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant longterm functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. 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. The medical record dated 3/20/2013 states that the Percocet is working well at nighttime, but it is too strong during the day. He would like to use Norco during the daytime. He would like a refill of his other medications. He says that his pain is 6-8/10 without medicine and 4-6/10 with. Despite the reduction in pain, he does not feel that he can accomplish his usual work. He has already failed a return to work. His pain is in the low back and the lumbosacral junction. It is bilateral. It is constant. It is increased with weightbearing. It is decreased with nonweightbearing and rest. "It is throbbing, ache, dull, and sharp in character". Since the patient has had facet joint injection at L4-L5 with only 60% reduction in pain. Also, the patient stated that he has been controlling his pain symptoms with Percocet, and appears hesitant to undergo the procedure. Therefore the request for a left L4-L5 lumbar radiofrequency ablation with fluoroscopy is not medically necessary.