

Case Number:	CM13-0006707		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2008
Decision Date:	03/11/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/05/2013

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, 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:

This is a 25-year-old female with a date of injury of 4/11/08. Diagnoses include lumbar radiculitis, lumbar facet arthropathy, lumbar disc herniation without myelopathy, right hip derangement, coccydynia, depression, anxiety, stress gastritis, and chronic pain. Medical records indicate subjective reports of pain which include lower extremity numbness and tingling. On 6/14/10, a lumbar spine MRI demonstrated evidence of posterior disc herniation at T11-T12 with hypertrophic changes at the facet joints of L5-S1. A cervical spine MRI was performed on 3/31/11, demonstrating evidence of posterior disc herniation at C3-C6 with evidence of spinal canal stenosis and neuroforaminal narrowing. A lumbar spine MRI was performed on 8/14/13 demonstrating facet arthropathy, lower lumbar spine and disc protrusion at T11-T12. Medical records also include a normal electrodiagnostic study with no evidence of generalized peripheral neuropathy seen in lower extremity nerves. Medical records on 6/28/2013 list conservative therapy as physical therapy, acupuncture and chiropractic treatment. These were deemed helpful. Medical records dated 7/18/13 report a response to conservative measures. On 8/2/13, there is an indication of pain relief with medication, lying down, heat and ice. The medications at that time included Tramadol, Norco, Soma, Ritalin, Lexapro, and Prilosec. On 9/25/13, medical records indicate subjective complains of low back pain, which migrates into tailbone and buttocks, but does not radiate. Lumbar injection was performed on 8/25/10 with a report of four months of pain relief. There is some information about intra-articular facet injection bilaterally at L4-4 and L5-S1 on 12/8/10. Pain relief reported as excellent.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral lumbar medial branch nerve block at L4-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: A radiofrequency neurotomy (aka facet rhizotomy) is a pain management technique used to treat chronic pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying the facet joint, specifically the medial branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. According to MTUS guidelines, there is evidence to suggest that medial nerve branch blocks provide pain relief in the cervical spine. Unfortunately, there is little evidence to support the use of this procedure in the lumbar region. At best, there are mixed results with lumbar facet neurotomies. According to the Official Disability Guidelines, there are many criteria that need to be met prior to performing a lumbar facet neurotomy. The criteria for the use of diagnostic blocks include failure of conservative therapy prior to the procedure for at least 4-6 weeks and a response of at least 70%. It appears this patient did receive relief with a facet injection on 12/8/10 and, at that time, met the 70% criteria for 4 months. It is unclear if this was a diagnostic block or a therapeutic intra-articular block. In addition, if there was a successful diagnostic block, it is unclear if there was a subsequent successful radiofrequency ablation. There is evidence to suggest this patient did not gain improvement in VAS score, did not decrease medication, and/or did not improve in function. It appears the current for bilateral lumbar medial branch nerve blocks is for a diagnostic block. There are several reports in the patients' 2013 medical record indicating some pain relief with conservative measures. This is reported in June, July, and August of 2013. One of the criteria for a diagnostic block is failure of conservative therapy and clearly this was not met, according to the medical records. Therefore, the above listed issue is considered not medically necessary.