

Case Number:	CM13-0024474		
Date Assigned:	06/11/2014	Date of Injury:	08/29/2008
Decision Date:	08/05/2014	UR Denial Date:	09/07/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56-year-old male who reported a heavy lifting and twisting injury on 08/29/2008. Prior treatment included steroid injections, medications and physical therapy with minimal relief. He was reported to have had a laminectomy at L4-5 in 2001 and an auto fuse at L4-5 on an unknown date. On 03/29/2013, he described numbness radiating into his left lower extremity when walking. He denied any right lower extremity symptoms or weakness. X-rays taken on that day revealed degenerative scoliosis with moderate to severe degenerative disc disease throughout the lumbar spine. There was a wedged deformity of the L3 vertebra. An MRI from 02/2013 demonstrated disc desiccation throughout the lumbar spine with a wedged deformity again noted at the L3 vertebra. This was consistent with endplate degenerative changes at the L3-4 articulation and not a compression fracture. There were varying degrees of neural foraminal stenosis throughout the lumbar spine but no significant central canal stenosis. He underwent a lumbar medial branch block with fluoroscopy on 06/21/2013. On 12/03/2013, he underwent a lumbar medial branch block radiofrequency ablation with fluoroscopy. In a follow up note of 04/23/2014, it was noted that this worker failed to really get much relief at all from the radiofrequency ablation that was done previously. The note further stated that his axial back pain was most likely due to degenerative joint and disc disease which unfortunately had not been responsive to any other interventions, including injections targeting epidural spaces or facets, and he is not an optimal surgical candidate. In a follow-up note of 05/02/2014 the treatment plan was to continue Flexeril and Celebrex, but no dosages were noted. There was no request for authorization or rationale included with the documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR MEDIAL BRANCH NEUROTOMY WITH RADIOFREQUENCY ABLATION AT L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections) and Facet joint radiofrequency neurotomy.

Decision rationale: The California ACOEM Guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. More specifically, regarding facet joint radiofrequency neurotomy, the Official Disability Guidelines state that there is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. The criteria for use of facet joint radiofrequency neurotomy include 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 greater than or equal to 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. Approval of repeat neurotomy depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. No more than 2 joint levels are to be performed at one time. This worker had a previous medial branch block and then a subsequent medial branch block with radiofrequency ablation which noted minimal, if any, relief. Additionally, the request is for ablation at three levels which exceeds guideline recommendations and did not specify that this procedure was to be done under fluoroscopy. Therefore, this request For Bilateral Lumbar Medial Branch Neurotomy with Radiofrequency Ablation at L3, L4, L5 is not medically necessary.