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| Case Number: | CM13-0031961 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 11/20/2009 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 Medicine and Rehabilitation 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 patient is a male who reported an injury on 11/20/2009. A clinical note signed by [REDACTED]. [REDACTED] dated 12/13/2012 reported the patient stated he had received 100% pain relief after radiofrequency lesioning and, at the time, he had no back pain. He reported occasionally an intermittent flare-up of back pain and right leg pain with tingling. He reported occasionally taking medications and, at that time, was working full time. He noted prolonged sitting, descending stairs, and lifting heavy objects made his pain worse. On physical exam, his range of motion of the lumbar spine was reported to be significantly improved. He had no paravertebral muscle spasms and mild tenderness over the lumbar facet joint area in L4-5 and L5-S1. Manual muscle strength was 5/5, bilateral sitting straight leg was positive at 50 degrees to 60 degrees, and hyperextension maneuver of the lumbar spine was mildly positive. The patient is reported to have undergone a previous MRI, which was reported to show a right paracentral disc protrusion with fissured disc at L5-S1, bilateral facet arthropathy at L4-5, and bilateral neural foraminal narrowing at L4-5 and L5-S1 with right-sided radiculopathy in the L4, L5, and S1 dermatomes, confirmed by EMG. The patient is reported to continue to have good pain relief through 05/14/2013 when he began to complain of intermittent low back pain with flare-ups axial radiating to the mid back area on occasion. Although he reported continued significant relief of pain, he continued to have intermittent flare-ups of his pain. On 07/11/2013, the patient reported some escalation of his low back with axial back pain in the mid back area. He denied any radicular symptoms and he rated his pain 4/10 to 5/10. In 08/2013, the patient continued to complain of constant low back pain axially, radiating to the medial area. He denied any radicular symptoms. On 09/05/2013, the patient reported an escalation of his low back pain axially, radiating to mid back area, which he rate

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L3, L4, and L5 Medial Branch Radiofrequency Lesioning between 9/10/2013 and 10/25/2013: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Facet joint radiofrequency neurotomy

Decision rationale: The patient is a male who reported an injury to his low back on 11/20/2009. He is noted to have undergone a previous MRI which showed a right paracentral disc protrusion at L5-S1 and neural foraminal narrowing at L4-5 and L5-S1 with bilateral facet arthropathy at L4-5. He is reported to have undergone electrodiagnostic testing that reported findings of right L4, L5, and S1 radiculopathy. The patient is noted to have undergone a previous radiofrequency ablation of the lumbar spine, and is reported to rate his pain 0/10 to 3/10 and noted that prolonged sitting, descending stairs, and lifting heavy objects made his pain worse. He is reported to have done well for an extended period of time and then reported increasing exacerbations of his pain, and by 09/05/2013, he had constant low back pain radiating to the mid back area, which he rated 5/10 to 6/10. He denied any radicular symptoms or tingling, numbness, or paresthesia. He is noted to have a positive hyperextension maneuver of the lumbar spine, paravertebral muscle spasms, and localized tenderness over the lumbar facet area in the L4-5 and L5-S1. He was noted to have decreased sensation to light touch in the lower extremity and positive sitting straight leg at 50 degrees to 60 degrees. The California MTUS Guidelines state that there is good quality medical literature that demonstrates that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief; however, similar quality literature does not exist regarding the same procedure in the lumbar region, and notes that lumbar facet neurotomies reportedly produce mixed results. Official Disability Guidelines state, while repeat neurotomies may be required, they should not occur at an interval of less than 6 months after the first procedure, and 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%. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement on VAS scores, decreased medications, and documented improvement in function. As the patient is not reported to have decreased medication use or documented improvement in function, and there is no evidence of adequate diagnostic blocks having been performed, the requested repeat facet neurotomies do not meet guideline recommendations. Based on the above, the request for 1 Bilateral L3, L4, and L5 Medial Branch Radiofrequency Lesioning between 9/10/2013 and 10/25/2013 is non-certified.