

Case Number:	CM13-0039612		
Date Assigned:	12/27/2013	Date of Injury:	03/28/2013
Decision Date:	05/20/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 48 year-old female with a date of injury on 3/28/13. Diagnoses include lumbar facet arthropathy and myofascial pain. Subjective complaints are of continue low back pain with a pain level of 9/10 that is worse with bending, stooping, and lifting heavy objects. Physical exam shows tenderness of the thoracolumbar spine and paravertebral musculature and range of the back was restricted. Patient was able to toe and heel walk without difficulty, and had normal bilateral patellar and Achilles deep tendon reflexes. The straight leg raise test was negative. There were multiple trigger point areas in the paraspinal region over the lower lumbar facet joints. On 5/13/13 the patient underwent a lumbar MRI that showed a mild disc bulge at L4-L5 and degeneration at L4-L5 with trace fluid at L5-S1 as well as minor facet degeneration at L3-L4. On 8/29/13 the patient underwent a bilateral L4-5 and L5-S1 intra-articular facet joint injection that provided relief for several weeks but then her pain returned. On 9/3/13 exam pain was noted as 9/10. Other treatments have included medications, home exercise, and physical therapy, all without providing significant relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3, L4 AND L5 MEDIAL BRANCH NERVE RADIOFREQUENCY ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, RADIO FREQUENCY NEUROTOMY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, RADIO FREQUENCY NEUROTOMY

Decision rationale: ACEOM guidelines suggest here 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 neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG suggests that radiofrequency ablation is under study, and conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). The ODG also recommends that one set of diagnostic medial branch blocks is required with a response of $\geq 70\%$ before proceeding to neurotomy. For this patient, facet injections were noted to be helpful, but results were not quantitated, and pain was rated at 9/10 4 days after injection. There is also no submitted documentation of prior diagnostic medial branch block. Therefore, without evidence of response from a diagnostic medial branch block, the medical necessity of a radiofrequency ablation is not established.