

Case Number:	CM13-0045050		
Date Assigned:	12/27/2013	Date of Injury:	06/21/1996
Decision Date:	02/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of June 21, 1996. A utilization review determination dated October 21, 2013 recommends non-certification of 1 bilateral L4-S1 medial branch facet joint rhizotomy and neurolysis. The previous reviewing physician recommended non-certification of 1 bilateral L4-S1 medial branch facet joint rhizotomy and neurolysis due to lack of documentation of 70% pain relief (the patient only reported 25% pain relief for two days). A PR-2 report dated October 21, 2013 identifies subjective complaints of approximately 60% improvement of low back pain with the branch blocks. Objective findings include tenderness over the paravertebral musculature, lumbosacral junction and bilateral gluteal muscles. Muscle guarding is noted. There is increased low back pain with flexion and with straight leg raise bilaterally. There is slightly increased axial pain with extension. Diagnoses include lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and mild degenerative changes. Treatment includes medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L4-S1 medial branch facet joint rhizotomy and neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint pain, signs & symptoms; Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: Regarding the request for 1 bilateral L4-S1 medial branch facet joint rhizotomy and neurolysis, Chronic Pain Medical Treatment Guidelines state 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. ODG states the Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. ODG further recommends the following Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. Within the medical information made available for review, there is documentation that the clinical presentation is consistent with facet joint pain, signs & symptoms. 60% improvement of low back pain with the branch blocks was documented. However, the Guidelines state one set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. In the absence of such documentation, the current request for 1 bilateral L4-S1 medial branch facet joint rhizotomy and neurolysis is not medically necessary.