

Case Number:	CM13-0047140		
Date Assigned:	04/02/2014	Date of Injury:	08/08/2011
Decision Date:	04/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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, 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 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:

This is a patient with a date of injury of August 8, 2011. A utilization review determination dated October 28, 2013 recommends non-certification of right and left L3-4 and L4-5 medial branch radiofrequency. A March 21, 2014 medical report identifies that the patient had a bilateral L3 to L5 medial branch block with equivocal results in November of 2012. On February 6, 2013, he had bilateral L4-5 and L5-S1 facet joint injection that improved pain from 7/10 to 2/10. On July 1, 2013, repeat bilateral L4-5 and L5-S1 facet joint injection gave 40% relief of pain with most relief localized in the back and some pain still radiating down the leg. In August 20, 2013, bilateral L5 transforaminal ESI gave minimal improvement. In November of 2013, a right and then left L3 to S1 medial branch radiofrequency gave 50% improvement of pain at rest, with relief only "a little" with activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4, L4-5 Medial Branch Radiofrequency: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for Left L3-4, L4-5 Medial Branch Radiofrequency, the Low Back Complaints Chapter of the ACOEM Practice Guidelines cites that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG recommends one set of medial branch diagnostic blocks rather than facet joint injections prior to facet neurotomy, and a successful block is considered a response of $\geq 70\%$. The ODG also recommends that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least twelve weeks at $\geq 50\%$ relief with evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Within the documentation available for review, it is noted that a prior radiofrequency neurotomy gave equivocal results. Subsequently, facet joint injections (rather than medial branch blocks) were performed with improved pain from 7/10 to 2/10, with 40% relief noted when they were repeated. As the prior radiofrequency neurotomy procedure did not result in any significant pain relief and subsequent injections to identify facet-mediated pain were facet joint injections rather than the medial branch blocks recommended by the ACOEM Guidelines and the ODG, there is no clear indication for radiofrequency neurotomy. The request for a left L3-L4, L4-L5 medial branch radiofrequency is not medically necessary or appropriate.

Right L3-4, L4-5 Medial Branch Radiofrequency: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for Right L3-4, L4-5 Medial Branch Radiofrequency, the Low Back Complaints Chapter of the ACOEM Practice Guidelines cites that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG recommends one set of medial branch diagnostic blocks rather than facet joint injections prior to facet neurotomy, and a successful block is considered a response of $\geq 70\%$. The ODG also recommends that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least twelve weeks at $\geq 50\%$ relief with evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Within the documentation available for review, it is noted that a prior radiofrequency neurotomy gave equivocal results.

