

Case Number:	CM13-0047206		
Date Assigned:	12/27/2013	Date of Injury:	04/04/2012
Decision Date:	03/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Management and is licensed to practice in Florida. 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 33-year-old male who reported injury on 04/04/2012. The mechanism of injury was noted to be the patient was holding pitchfork with brush above his head and he tripped and stumbled and had the sudden onset of pain. The patient was noted to undergo a blockade of the medial branch of the posterior primary ramus at L3, L4, and L5 bilaterally on 09/16/2013. The patient indicated that the pain was rated a 3.5/10 prior to the procedure and 1/10 after the procedure. The patient reported 60% pain relief. The patient was noted to be contacted on 09/17/2013 and the patient's pain was rated a 4.5/10 prior to the procedure and a 2/10 after the procedure with 60% pain relief that lasted all day. The pain returned the next day. The patient indicated that he could lift items without pain which he could not otherwise do prior to the procedure. The pain was noted to have returned to its previous level of 4/10 on the date of the office visit, but was severe as 8/10. The patient indicated 100% of the pain in the lumbosacral area was associated with 60% of the pain on the right and 40% of the pain on the left. The patient described an aching sensation and burning to the lumbar region. The diagnosis was noted to be facet joint arthropathy of the lumbar spine. The impression indicated the medial branch block provided greater than 50% relief for the expected duration of the local anesthetic and allowed increase in levels of activity. The request was made per the physician for a radiofrequency neurotomy of the medial branch of the posterior primary ramus on the more pain right-sided L3, L4, and L5. The request as submitted was noted to be for a lumbar medial branch radiofrequency neurotomy on the right at L4, L5, quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Radiofrequency Neurotomy Right L4, L5 QTY 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC) - Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review failed to indicate objective findings of facet mediated pain. The patient was noted to have 50% pain relief and it was indicated that the patient had an ability to lift things he could not lift prior the injection. There was a lack of documentation of objective functional improvement. There was a lack of clarification indicating the necessity for quantity 2 injections and the levels would need to be clarified as the physician's request was noted to be for L3, L4, and L5 and the submitted request was noted to be for L4 and L5, quantity 2. Given the above, the request for lumbar medial branch radiofrequency neurotomy right L4, L5 QTY 2 is not medically necessary.