

Case Number:	CM13-0048141		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2005
Decision Date:	05/08/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 47-year-old who sustained a work injury on October 25, 2005. The patient presents with chronic low back pain. The patient has had previous radiofrequency ablation. The patient's pain level has increased to 8/10. Examination of the lumbar region reveals tenderness to the paraspinal musculature. There is increased pain with extension motion of the spine. The patient was diagnosed with lumbar spondylosis, lumbar radiculopathy and sacroiliac joint pain. The medical records do not indicate documentation of previous diagnostic medial branch blocks. A request was made for lumbar radiofrequency ablation denervation at bilateral L4 and bilateral S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR RADIOFREQUENCY DENERVATION AT L4--L5, QTY:2:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The California MTUS Guidelines state that 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. The Official Disability Guidelines indicates that when a therapeutic medial branch block is performed with documentation of significant relief of pain, equivalent to greater than 70% with at least 50% duration, lasting for 6 weeks; then the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. The ODG also indicates that no more than two (2) joint levels may be blocked at any one time. This patient does not meet criteria for repeat radiofrequency ablation. Specifically, the medical records do not indicate that the patient has had previous medial branch block therapy at this lumbar level. Since there is not adequate documentation of pain relief with previous medial branch block therapy, facet ablation therapy cannot be recommended, as it is not supported by guidelines. Therefore, the request is non-certified.

BILATERAL LUMBAR RADIOFREQUENCY DENERVATION AT L5-S1, QTY:2:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: The California MTUS Guidelines state that 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. The Official Disability Guidelines indicates that when a therapeutic medial branch block is performed with documentation of significant relief of pain, equivalent to greater than 70% with at least 50% duration, lasting for 6 weeks; then the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. The ODG also indicates that no more than two (2) joint levels may be blocked at any one time. This patient does not meet criteria for repeat radiofrequency ablation. Specifically, the medical records do not indicate that the patient has had previous medial branch block therapy at this lumbar level. Since there is not adequate documentation of pain relief with previous medial branch block therapy, facet ablation therapy cannot be recommended, as it is not supported by guidelines. Therefore, the request is non-certified