

Case Number:	CM13-0056404		
Date Assigned:	04/25/2014	Date of Injury:	08/02/2011
Decision Date:	06/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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 Emergency Medicine 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 62-year-old male who was injured on August 2, 2011. The patient continued to experience low back pain. The physical examination was notable for normal ambulation, tenderness over the L3-5 facet joints, and negative straight leg raise bilaterally. The patient had lumbar spine surgery in 2004. An MRI of the lumbosacral spine showed moderately to moderately severe central canal narrowing and moderate foraminal narrowing at the level of the fusion above L4. The diagnoses included postlaminectomy syndrome for spinal fusion L4-S1, lumbosacral spondylosis, chronic pain, and major depression. The treatment included medications, epidural steroid injections, physical therapy, and cognitive behavioral therapy. The request for authorization for L3-5 bilateral permanent facet injections- radiofrequency was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-5 BILATERAL PERMANENT FACET INJECTION - 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 (ODG), TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE; NECK CHAPTER; AND PAIN CHAPTER.

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 - LUMBAR AND THORACIC.

Decision rationale: The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and studies have not demonstrated improved function. Treatment requires a diagnosis of facet joint pain using a medial branch block. The guidelines also indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. No more than two (2) facet joint levels are injected in one session. The MTUS/ACOEM Guidelines indicate that lumbar facet neurotomies reportedly produce mixed results. In this case, the patient had spinal fusion surgery from L4-S1. Levels L4 and L5 are included in the requested procedure. Criteria for the procedure have not been met. The request should not be authorized.