

Case Number:	CM13-0059239		
Date Assigned:	12/30/2013	Date of Injury:	12/20/1999
Decision Date:	06/09/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/01/2013

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 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:

The injured worker is a 39-year-old female who reported an injury on 12/20/1999. The mechanism of the injury was not stated. The patient is currently diagnosed with lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, mechanical low back pain, status post diagnostic lumbar facet injection, and failed conservative therapy. The injured worker was evaluated on 06/24/2013. The injured worker reported 8/10 pain in the lower back with radiation to bilateral lower extremities. Previous conservative treatment includes a home exercise program, bedrest, activity modification, heat/ice therapy, physical therapy, chiropractic treatment, and multiple medications. The patient underwent a diagnostic bilateral lumbar facet injection on 06/21/2013, with 75% pain relief for 2 days. Physical examination revealed tenderness to palpation of the lumbar spine at L3 to L5, bilateral lumbar facet tenderness, pain in the lumbar spine on extension, pain on side bending, and pain with rotation. The treatment recommendations included a radiofrequency ablation of bilateral lumbar facet levels at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY LEFT FACET NEUROTOMY UNDER FLUOROSCOPY 2 X:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back, Facet Joint Radiofrequency Neurotomy.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy at 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic locks. As per the documentation submitted, the injured worker has undergone diagnostic bilateral lumbar facet injections on 06/21/2013. Although the injured worker reported 75% pain relief for 2 days following the initial facet injections, there was no documentation of objective functional improvement. There is also no specific body part or level listed in the current request. Therefore, the request is not medically appropriate.

RADIOFREQUENCY RIGHT FACET NEUROTOMY UNDER FLUOROSCOPY 2 X:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back, Facet Joint Radiofrequency Neurotomy.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy at 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic locks. As per the documentation submitted, the injured worker has undergone diagnostic bilateral lumbar facet injections on 06/21/2013. Although the injured worker reported 75% pain relief for 2 days following the initial facet injections, there was not documentation of objective functional improvement. There is also no specific body part or level listed in the current request. Therefore, the request is not medically appropriate.