

Case Number:	CM13-0059876		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2011
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 63-year-old female who reported injury on 12/05/2011. The mechanism of injury was noted to be the patient was lifting a heavy Bookwalter from one basket to another and sustained injury. The patient had trialed pain medications, physical therapy, and acupuncture, medial branch blocks from L3-5, indication the last 1 was performed in 01/2013 which gave the patient excellent improvement but the pain recurred after she returned to work in March. The patient diagnoses were noted to include right more than left back pain with minimal radiation to the legs, likely secondary to facet arthropathy. The patient had tenderness to palpation on the lumbar spine paraspinous and SI joint and mild spasms. Paraspinous muscle tone was noted to be normal and the facet loading was positive bilaterally. The patient's lower leg sensation testing was intact to light touch. Straight leg raise produced back pain and the cross straight leg raise was negative. The patient's diagnoses include lumbar disc degeneration, spondylosis without myelopathy of the lumbar region and lumbar spine pain. The plan was made for a left and the right L3-5 medial branch radiofrequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDE MEDIAL BRANCH RADIOFREQUENCY (RIGHT SIDE TO FOLLOW):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Lumbar & Thoracic

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 Low Back Complaints 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. Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of a duration of relief from the first procedure for at least 12 weeks at \geq 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the patient had pain to palpation in the paravertebral area, a normal sensory examination, the absence of radicular findings and a normal straight leg raise examination. While it was documented the patient had relief from the injection in 01/2013, there was lack of documentation indicating the patient had relief from the first procedure for at least 12 weeks with greater than 50% pain relief. There was a lack of documentation indicating there was a documented objective improvement in the VAS score, the need for decreased medications, and objective improvement in function. There was lack of documentation indicating the patient had a formal plan of additional evidence based conservative care in addition to the facet joint therapy. The request as submitted failed to indicate the level for the medial branch radiofrequency. Given the above, the request for left side medial branch radiofrequency is not medically

RIGHT L3-L5 MEDIAL BRANCH RADIOFREQUENCY (1 WEEK AFTER LEFT SIDE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Lumbar & Thoracic

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 Low Back Complaints 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. Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of duration of relief from the first procedure for at least 12 weeks at \geq 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the patient had pain to palpation in the paravertebral area, a normal sensory examination, the absence of radicular findings and a normal straight leg raise examination. While it was documented the patient had relief from the injection in 01/2013, there was lack of documentation indicating the patient had relief from the first procedure for at least 12 weeks with greater than 50% pain relief. There was a lack of documentation indicating there was a documented objective improvement in the VAS score, the need for decreased medications, and objective improvement in function. There was lack of documentation indicating the patient had a formal plan of additional evidence based conservative care in addition to the facet joint therapy. Given the above, the request for right side L3-5 medial branch radiofrequency 1 week after left side is not medically necessary.