

Case Number:	CM13-0060869		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2013
Decision Date:	04/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 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 60-year-old male who reported injury on 01/28/2013. The mechanism of injury was noted to be the patient was driving when his back gave out. The patient was noted to be treated with physical therapy and a medial branch block diagnostic injection. The patient had approximately more than 50% pain relief and did not have a necessity to take pain pills since the procedure, as of note dated 11/07/2013. Physical examination revealed the patient had paravertebral muscle tenderness bilaterally. The lower extremity reflexes were equal and symmetric. The patient had a negative straight leg raise. The patient's diagnoses were noted to include back disorder, not otherwise specified, and lumbar disc displacement without myelopathy. The procedure that was requested was a bilateral L4-5 and L5-S1 RFA to be scheduled on separate dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION INJECTION FOR BILATERAL L4-5, L5-S1 SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Online Edition Chapter: 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 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 two levels bilaterally. The clinical documentation submitted for review indicated the patient had a diagnostic medial branch block with a response of 50%. The patient indicated they had not taken pain medication since the diagnostic injection. The clinical documentation submitted for review indicated the patient's reflexes were equal and symmetric, and the patient had tenderness to palpation of the paravertebral muscles. It was indicated the patient's straight leg raise test was negative. There was a lack of documentation indicating a myotomal and dermatomal examination. As such, radicular findings could not be ruled out. There was a lack of documentation indicating the patient's objective functional response to the prior injection. Given the above, the request for Radiofrequency Ablation injection for Bilateral L4-5, L5-S1 Spine is not medically necessary.