

Case Number:	CM13-0062891		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2003
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/09/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old male with a date of injury of 4/14/03 that occurred after he slipped and fell and injured his low back. The diagnoses include chronic low back pain, multilevel lumbar disc disease, and bilateral lumbar facet syndrome. There is a request for radiofrequency of the bilateral lumbar facet neurotomy (medial branch neurotomy) at L4-L5, L5-S1 under fluoroscopy to be done one side at a time, at a two week interval. The patient's treatment has included a lumbar surgery in 2004. Since this operation the patient has attempted physical therapy, facet injections, epidural steroid injection, medication, and bilateral radiofrequency neurotomy of the lumbar spine facets in 2012 and 2013. There was a 9/14/11 lumbar MRI that revealed dextro-scoliosis centered at L3, status post L2-4 partial laminectomy, multiple disc bulges and facet hypertrophy probably touching or impinging the L2-S1 nerve roots. There is a 1/8/13 document that indicates that the patient had a diagnostic bilateral lumbar facet injection under fluoroscopy (medial branch block at L4-L5, and L5-S1 level). A 2/15/13 document revealed that the patient had a left lumbar facet injection under fluoroscopy at L3-L4, L4-L5, and L5-S I (Medial Branch Block) and right lumbar facet injection under fluoroscopy at L3-L4, L4-L5, and LS-SI (Medial Branch Block). Per the documentation submitted, the patient had diagnostic bilateral lumbar facet injection on 02/15/13 with 65-70% of pain relief. The pain relief lasted for 2-4 days. Pain relief was also associated with significant relief of muscle spasms and stiffness. The patient was more functional during the pain relief period. There is a document dated 4/17/13 that states that the patient had a radiofrequency right lumbar facet neurotomy at L3-L4, L4-L5, and L5-S 1 under fluoroscopy. There is a document dated 5/3/14 that states that the patient had a radiofrequency left lumbar facet neurotomy L3-4, L4-5, and L5-S1 under fluoroscopy. The patient also had a transforaminal injection at left L4-S and L5-S1 on 7/10/13.

There is a 10/22/13 primary treating physician office visit that states that the patient is seen with severe low back pain, bilateral buttocks and bilateral groin pain. The pain level is 8.5 to 10 on a scale of 0 to 10. Pain is sharp, shooting, stabbing and burning in nature in the low back, both hips and both groins. There is no evidence of lumbar radiculopathy. The patient denies having any pain going into the lower extremities. Per the documentation submitted, the patient had diagnostic bilateral lumbar facet injection on 02/15/13 with 60-70% of pain relief. The pain relief lasted for 2-4 days. Pain relief was also associated with significant relief of muscle spasms and stiffness. The patient was more functional during the pain relief period. Activities of daily living were significantly improved. Now, the patient's pain has come back to the original level. The patient took less pain medications during the pain relief period. On physical examination the lumbar spine is tender from L3-L4, L4-L5, and L5-S1 level bilaterally. Pain in the lumbar spine worsens on extension, side bending and rotation of the spine. Range of motion of the lumbar spine is limited. Neurologic examination is normal. There is no evidence of lumbar radiculopathy. There is a request for radiofrequency of the bilateral lumbar facet neurotomy (medial branch neurotomy) at L4-L5, L5-S1 level under fluoroscopy. (The procedure will be done twice, one side at a time, two weeks apart.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY OF THE BILATERAL LUMBAR FACET NEUROTOMY (MEDIAL BRANCH NEUROTOMY) AT L4-L5, L5-S1 UNDER FLUOROSCOPY TO BE DONE ONE SIDE AT A TIME AT TWO WEEK INTERVA: 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)

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, Facet joint radiofrequency neurotomy ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: In this case, radiofrequency of the bilateral lumbar facet neurotomy (medial branch neurotomy) at L4-L5, L5-S1 under fluoroscopy to be done one side at a time at two week interval is not medically necessary. The California MTUS Guidelines state that lumbar facet neurotomies produce mixed results. The Official Disability Guidelines state that radiofrequency neurotomy is under study and that there is conflicting evidence available as to the efficacy of this procedure. Additionally the ODG states that repeat neurotomies should not occur at an interval of less than 6 months from the first procedure. The guidelines also state that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration.) The documentation submitted reveals that this patient has not had greater than 50% relief of pain over 12 weeks after the prior neurotomies. There is no evidence of significant sustained functional improvement or decrease in pain medications after his prior neurotomy. The request for a radiofrequency of the bilateral lumbar facet neurotomy (medial branch neurotomy) at L4-L5, L5-

SI, under fluoroscopy to be done one side at a time, at a two week interval is not medically necessary or appropriate.