

Case Number:	CM13-0066164		
Date Assigned:	01/03/2014	Date of Injury:	02/07/2003
Decision Date:	06/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 Texas. 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 67-year-old male who reported an injury on 02/07/2003. The injury reportedly occurred when the injured worker struck his head on a beam causing him to fall backwards. The injured worker's symptoms included pain to his right upper leg. Physical examination revealed tenderness to palpation of the lumbar paraspinal muscles to the right. Motor and sensation were noted to be intact to the lower extremities and was able to walk on heels and toes without difficulty. The injured worker was diagnosed with lumbosacral neuritis. Past medical treatment included right lumbar test block at the L5-S1, L4-5, L3-4 and L2-3 levels. An MRI of the lumbar spine, on 07/24/2013, revealed a small posterior disc bulge that was more prominent in the posterolateral regions bilaterally. There were degenerative facet changes and mild ligamentum flavum hypertrophy. There was mild stenosis of the central spinal canal and no significant stenosis of the neural foramina at the L2-3 level. At the L3-4 level, there was a diffuse posterior disc bulge which was mildly eccentric to the left. There was degenerative facet changes and ligamentum flavum hypertrophy. There was also mild stenosis of the central spinal canal and bilateral neural foramina. At the L4-5 level, there was a diffuse posterior disc bulge. There were degenerative facet changes and ligamentum flavum hypertrophy. There was mild to moderate stenosis of the central spinal canal and narrowing of the lateral recesses, right greater than left. There was moderate stenosis of the bilateral neural foramina. There was no convincing evidence of impingement on the bilateral exiting L4 nerve roots. At the L5-S1 level, there was pronounced narrowing of the intervertebral disc. There was diffuse posterior disc bulge with a mildly more prominent posterocentral left paracentral disc protrusion. There was mild compression on the left anterior aspect of the thecal sac and mild degenerative facet changes. There was no significant stenosis of the central spinal canal. There was noted to be mild to moderate stenosis of the left neural foramen and mild stenosis of the right neural foramen. There

is no evidence of nerve root impingement at the L5-S1 level. On 10/11/2013, the injured worker was seen for "lumbar test blocks". Examination revealed the patient had tenderness to palpation of the lumbar paraspinal muscles to the right. Motor and sensory is intact in the lower extremities and he is able to walk on heels and toes without difficulty. The patient underwent right L2, L3, L4, L5 and S1 facet blocks. The request for authorization was not provided in the medical records. Therefore, the clinical note that treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT LUMBAR RADIOFREQUENCY AT L2-L3, L3-L4, L4-L5, AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: According to the California MTUS/ACOEM Guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similarly, quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines further state conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. Criteria for facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure; a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks with 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. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement and VAS score, decreased medications and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neuroblockade, the use should be performed at intervals of no sooner than 1 week, and preferably 2 weeks or more for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to the joint therapy. The documentation submitted for review indicated that the injured worker had received a right lumbar test block at the L5-S1, L4-5, L3-4, and L2-3 levels. However, there was no documentation of pain relief, decrease in medication, or documented improvement in function. Therefore, the request is not supported. Additionally, as the guidelines state no more than 2 joint levels are to be performed at one time, the request as submitted exceeds the guideline recommendations. Therefore, the request is not supported. Given the above, the request for 1 right lumbar radiofrequency at L2-3, L3-4, L4-5 and L5-S1 is not medically necessary.

