

Case Number:	CM14-0005814		
Date Assigned:	02/07/2014	Date of Injury:	04/03/2008
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery, 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 62-year-old male who has submitted a claim for lumbar facet arthropathy associated with an industrial injury date of April 3, 2008. Medical records from 2013-2014 were reviewed, the latest of which (January 17, 2014) revealed that the patient presents with lumbar pain. Upon physical examination, there is severe generalized tenderness in the bilateral paraspinal area. Lumbar extension is limited. She has an antalgic gait. There is hyporeflexivity of the lower extremities. An MRI of the lumbar spine done on April 3, 2011 revealed a 3mm disc bulge extending into the bilateral neural foramina at L5-S1 causing moderate left and mild to moderate right neural foraminal narrowing with bilateral hypertrophic facet degenerative changes and 2-3mm disc bulge occupying the inferior recess of the bilateral neural foramina at L4-5 causing mild bilateral neural foraminal narrowing with bilateral hypertrophic facet degenerative changes. Treatment to date has included lumbar epidural steroid injection (March 2011, 9/20/2011, and 10/17/13), physical therapy, acupuncture, duty modification, lumbar bracing, home exercise program, and medications which include cyclobenzaprine and Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR FACET DENERVATION AT THE BILATERAL L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 CHAPTER, FACET JOINT RADIOFREQUENCY NEUROTOMY

Decision rationale: As stated on pages 300-301 of the ACOEM Practice Guidelines, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, the Official Disability Guidelines criteria for radiofrequency ablation include at least one set of diagnostic medial branch blocks with a response of $\geq 70\%$, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the patient is currently diagnosed with lumbar intervertebral disc degeneration and facet arthropathy. He has a long standing history of low back pain. His treatment has included medications, duty modification, physical therapy, home exercise program, bracing, facet joint injections and acupuncture. An MRI done on April 13, 2011 revealed disc bulging, bilateral neural foraminal narrowing, and bilateral hypertrophic facet degenerative changes at levels L4-5 and L5-S1. Lumbar medial branch blocks done on October 17, 2013 provided more than 80% pain relief, improved function, and reduced medication usage. In the most recent clinical evaluation, there are subjective and objective findings that warrant further treatment with lumbar facet denervation. The medical necessity of lumbar facet denervation at the bilateral L4-L5 and L5-S1 has been established. Notably, available records indicate that a previous utilization review determination (dated February 4, 2014) has already certified this request. Therefore, the second request for lumbar facet denervation at the bilateral L4-L5 and L5-S1 is not recognized as medically necessary.