

Case Number:	CM14-0007245		
Date Assigned:	02/12/2014	Date of Injury:	12/02/2010
Decision Date:	07/21/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old male who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of December 2, 2010. The patient complains of low back pain radiating to the left buttock. Physical examination of the lumbar spine showed tenderness over the left paraspinal muscles overlying the left L3-S1 facet joints; limitation of motion; positive lumbar discogenic and facet joint provocative maneuvers; positive Gaenslen's, Patrick's maneuver and pressure at the sacral sulcus on the left; muscle strength of 4+/5 in the left quadriceps, anterior tibialis and extensor hallucis longus; and diminished sensation to touch in the left L5 dermatome. Electrodiagnostic study of the left lower extremity was performed on November 7, 2013 and showed chronic lumbosacral radiculopathy with or without spinal stenosis at the left S1 more than L5 root level. The diagnoses include left lumbar facet joint pain at L4-L5 and L5-S1; left lumbar facet joint pain at L3-S1; lumbar facet joint arthropathy; central disc protrusion at L5-S1 measuring 5mm with moderate right L5 neural foraminal stenosis; central disc protrusion at L4-L5 measuring 2mm; lumbar degenerative disc disease; and lumbar sprain/strain. Repeat fluoroscopically-guided left L4-L5 and left L5-S1 facet joint radiofrequency nerve ablation (neotomy/rhizotomy) was requested. An appeal was made on January 15, 2014 stating that previous rhizotomy on December 6, 2012 provided the patient 50% improvement of pain with maintenance of ADLs such as self-care and dressing for one (1) year. Treatment to date has included oral and topical analgesics, radiofrequency nerve ablation. The treating provider has requested Fluoroscopically Guided Left L4-L5 And L5-S1 Facet Joint Radiofrequency Nerve Ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY GUIDED LEFT L4-L5 AND L5-S1 FACET JOINT RADIOFREQUENCY NERVE ABLATION: 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)- regarding facet blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint Radiofrequency Neurotomy Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines Low Back Chapter was used instead. ODG recommends repeat neurotomies when the following criteria are met: they should not occur at an interval of less than 6 months from the first procedure; neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief; and no more than 3 procedures should be performed in a year's period. 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. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, previous rhizotomies were done. The latest was on December 6, 2012 which provided 50% improvement of pain (from 8/10 to 4/10 on VAS) and ADLs for 12 months. Walking time was improved by 2 hours a day with medication reduction. However, there was no objective evidence of significant medication reduction based on the medical records submitted to support the claims. Moreover, there was no discussion regarding an additional evidence-based conservative treatment to be done in conjunction with facet joint therapy. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for FLUOROSCOPICALLY GUIDED LEFT L4-L5 AND L5-S1 FACET JOINT RADIOFREQUENCY NERVE ABLATION is not medically necessary.