

Case Number:	CM14-0008777		
Date Assigned:	02/12/2014	Date of Injury:	08/08/1989
Decision Date:	07/15/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/22/2014

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 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 46-year-old female who has submitted a claim for lumbago; disc degeneration, narrowing, lumbar; lumbar radiculitis; neuroforaminal narrowing; and facet joint arthropathy, lumbar associated with an industrial injury date of August 8, 1989. Medical records from 2013-2014 were reviewed, the latest of which dated February 5, 2014, revealed that the patient still complains of back pain. There is a recent increased right hip pain. On physical examination, there is decreased range of motion of the right hip with internal rotation to approximately 20 degrees. There is tenderness noted in the right trochanter region. Clinical evaluation done last February 4, 2014 revealed that the patient states that the pain is unchanged. She rates the pain as 7/10 but can be as severe as 10/10. 90% of her pain is lumbosacral and 10% is in the lower extremities. 5% of the lumbar pain is on the left and 95% is on the right. 20% of her lower extremity pain is on the left and 80% is on the right. She describes an aching, stabbing, and knife like sensation to the lower lumbar region, gluteal region and trochanteric region on the right, with burning and numbness extending to the gluteal region, trochanteric region and foot. MRI of the lumbar spine dated August 12, 2013 revealed multilevel degenerative changes; L4-L5 broad-based bulge; no central spine stenosis. Treatment to date has included right L4 and L5 transforaminal epidural steroid injection (9/19/13), right L3, L4, L5 medial branch block (11/1/13), and medications which include Aleve, Norco and Metanx. Utilization review from December 19, 2013 denied the request for Lumbar Medial Branch Radiofrequency Right L3, L4, L5 because there is no documentation of at least one set of diagnostic medial branch blocks with a response of 70%, and there is no documentation of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH RADIOFREQUENCY RIGH L3, L4, L5: Upheld

Claims Administrator 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).

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, 2nd Edition (2004) referenced by CA MTUS, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the patient reported a 60% pain relief with the right L3, L4, L5 medial branch block done on November 1, 2013. She reported the pain as 9/10 prior to the procedure and as 3.5/10 after. The 60% pain relief lasted for 36 hours after the procedure and then her pain returned to its previous level. Also, there was no discussion regarding conservative care in addition to lumbar medial branch radiofrequency. Guideline criteria were not met. Therefore, the request for Lumbar Medial Branch Radiofrequency Right L3, L4, L5 is not medically necessary.