

Case Number:	CM14-0012888		
Date Assigned:	02/24/2014	Date of Injury:	12/14/2010
Decision Date:	07/22/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 48-year-old male with an injury reported on 12/14/2010. The mechanism of injury was described as heavy lifting. The clinical note dated 01/17/2014, reported that the injured worker complained of a constant low back pain with associated severe radicular pain to his bilateral lower extremities. It was also reported the radicular pain caused numbness, tingling, and weakness to his bilateral lower extremities. Upon physical examination, the injured worker had a positive straight leg raise to bilateral lower extremities. There was tenderness per palpation, specifically over the L4 and L5 facets with strong axial components to pain. It was reported the injured worker had decreased sensation to the right L4 and L5 area. It was noted the injured worker diagnostic facet medial branch blocks provided greater than 80-90% relief. The date and duration of pain relief for the medial branch block was not provided. The injured worker's prescribed medication list included Ambien, gabapentin, and hydrocodone/acetaminophen. The injured worker's diagnoses included facet arthropathy to the lumbar area, displacement intervertebral disc site unspecific without myelopathy, degenerative lumbar/lumbosacral intervertebral disc. The provider requested facet radiofrequency ablation L3- 4 and dorsal ramus bilaterally under fluoroscopic guidance and monitored anesthesia, which decreased the injured worker's pain. The request for authorization was submitted on 09/25/2013. The injured worker's previous treatments included epidural injections on 2 occasions, physical therapy, and lumbar medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FACET RADIOFREQUENCY ABLATION L3-4 AND DORSAL RAMUS
BILATERALLY UNDER FLUOROSCOPIC GUIDANCE AND MONITORED
ANESTHESIA: 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), 11th Edition (web), 2014, Low Back Chapter, Criteria for Use of Therapeutic Intraarticular and Medial Branch Blocks.

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 Diagnostic Blocks (Injections).

Decision rationale: The request for facet radiofrequency ablation L3-4 and dorsal ramus bilaterally under fluoroscopic guidance and monitored anesthesia is not medically necessary. The injured worker complained of a constant low back pain associated with severe radiculopathy causing numbness, tingling, and weakness to his bilateral lower extremities. The provider's rationale for the facet radiofrequency ablation is to decrease the injured worker's pain. The CA MTUS/ACOEM guidelines recommend radiofrequency neurotomy for the treatment of select patients with low back pain. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines on facet joint diagnostic blocks (injections) Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The guidelines for facet joint radiofrequency neurotomy treatment state a diagnosis of facet joint pain using a medial branch block. It was noted the injured worker diagnostic facet medial branch blocks provided greater than 80-90% relief. The date and duration of pain relief for the medial branch block was not provided. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. It was noted the injured worker had a bilateral positive straight leg raise per physical examination, demonstrating radiculopathy. It was also noted that the injured worker complained of low back pain with severe radicular pain traveling to his bilateral lower extremities. The guidelines do not recommend facet procedures with individuals with radicular pain. Moreover, it was noted the injured worker had paraspinal tenderness specifically over the L4, L5 facets; however, there is a lack of clinical documentation indicating tenderness or pain associated with L3-4 facet joints. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.