

Case Number:	CM14-0012890		
Date Assigned:	02/24/2014	Date of Injury:	08/04/1964
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
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:

According to the records made available for review, this is an 80-year-old male with a 8/4/64 date of injury. At the time (1/13/14) of request for authorization for radiofrequency ablation of bilateral L2, L3, L4, and L5 medial branches with monitoring and sedation, there is documentation of subjective (axial low back pain rated 2/10) and objective (tenderness to palpation over the lumbar paraspinal muscles and facets bilaterally, decreased range of motion in all planes with axial low back pain provoked on lumbar extension and lumbar facet maneuvers bilaterally) findings, current diagnoses (lumbar facet arthropathy, lumbar facet spondylosis, axial low back pain, L4-5 disc protrusion/herniation, lumbar lateral recess stenosis, and lumbar degenerative disc disease), and treatment to date (medial branch blocks (12/12/13) with report approximately 1 ½ day of improvement), physical therapy, home exercise program, ESIs, TPis, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY ABLATION OF BILATERAL L2, L3, L4, AND L5 MEDICAL BRANCHES WITH MONITORING AND SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 (LOW BACK PAIN), 300-301

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LOW BACK COMPLAINTS, 300-301

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of 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 (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar facet arthropathy, lumbar facet spondylosis, axial low back pain, L4-5 disc protrusion/herniation, lumbar lateral recess stenosis, and lumbar degenerative disc disease. However, despite documentation of medial branch blocks (done 12/12/13) with report approximately 1 week of improvement), there is no documentation of at least one set of diagnostic medial branch blocks with a response of $\geq 70\%$. In addition, given that the request is for bilateral L2, L3, L4, and L5 medial branches, there is no documentation that no more than two joint levels will be performed at one time. Furthermore, there is no documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for radiofrequency ablation of bilateral L2, L3, L4, and L5 medial branches with monitoring and sedation is not medically necessary.