MAXIMUS Federal Services

Case Number:	CM14-0016649		
Date Assigned:	04/11/2014	Date of Injury:	02/10/2011
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabiltation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a 2/6/14 authorization appeal where the provider is requesting authorization for treatment procedure: Bilateral L4-S I Facet Radiofrequency Ablation (Rhizotomy).The provider states that on physical exam the patient Remarkable physical examination findings were noted. On physical exam, the patient was noted to be alert, oriented and cooperative. The patient was observed to be in moderate distress. The patient's gait was slow. Inspection of the lumbar spine revealed no gross abnormality. Tenderness was noted upon palpation at the L5-S I paravertebral area. Range of motion of the lumbar spine showed flexion at 70 degrees and extension at 5 degrees. Pain was significantly increased with extension. Sensory exam was within normal limits bilaterally. Motor strength was within normal limits bilaterally. The patient's Achilles and patellar reflexes were within normal limits. Straight leg raise with the patient in the seated position and the leg fully extended was negative at 90 degrees for radicular pain bilaterally. The treating physician states that the criteria have been met for the facet rhizotomy procedure per ODG and ASlPP guidelines. The diagnostic block provided greater than 80% pain relief with temporary improvement in function, opiate pain medications were held 4 hours before and after the trial median branch nerve block, no fentanyl/versed IV sedation was used for the trial procedure, and the injectate volume did not exceed 0.5ml at each level. The facet rhizotomy will be administered in conjunction with a home exercise program to strengthen the axial spine and supporting musculature following pain reduction from the procedure. The document indicates that the patient had a limited response to Physical Therapy. The patient has had a positive response to a Median Branch Nerve Block. The long term goal is after the procedure to continue or increase physical therapy and activity as tolerated. Physical therapy will be utilized for core strengthening and increase in mobility and decrease in pain after the procedure. This is the

formal conservative plan post procedure. There is a 1/6/14 progress report that indicates that the patient is status post Median Branch Nerve Block at lumbar level bilateral L5-Sl. This procedure took place on Dec 13, 2013. Post procedure the patient reports excellent (greater than 80%) overall improvement. The patient reports excellent functional improvement in the following areas: decrease in pain medication requirements and improved mobility. An MRI from 610/13 revealed that there is lumbar spine Grade 1 spondylolisthesis of L5 on SI with a 2-3mm disc bulge. Bilateral pars interarticularis defects with associated severe degenerative facet disease. There is severe left and moderate right lateral recess stenosis, and borderline spinal stenosis. Additionally, there is moderate right and severe left neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5 FACET RHIZOTOMY/RADIOFREQUENCY QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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. , and the Official Disability Guidelines (ODG) Low back: Facet Joint Radiofrequency.

Decision rationale: The MTUS/ACOEM Guidelines states that 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 (ODG) states that the criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using a medial branch block. There should be no more than two joint levels performed at one time. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case the criteria for both diagnostic facet joint block and facet Rhizotomy have been met. The documentation indicates that the patient has had a positive response to her facet joint block and has met the criteria for facet Rhizotomy. Additionally there is documentation in the medical records that this will be in conjunction with an exercise/therapy program. The request for right L4-L5 facet rhizotomy/radiofrequency, quantity 1 is medically necessary and appropriate

LEFT L4-L5 FACET RHIZOTOMY/RADIOFREQUENCY QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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: Facet Joint Radiofrequency.

Decision rationale: The MTUS/ACOEM Guidelines states that 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.

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RIGHT L5-S1 FACET RHIZOTOMY/RADIOFREQUENCY QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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: Facet Joint Radiofrequency.

Decision rationale: The MTUS/ACOEM Guidelines states that 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 (ODG) states that the criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using a medial branch block. There should be no more than two joint levels performed at one time. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case the criteria for both diagnostic facet joint block and facet Rhizotomy have been met. The documentation indicates that the patient has had a positive response to her facet joint block and has met the criteria for facet Rhizotomy. Additionally there is documentation in the medical records that this will be in conjunction with an exercise/therapy program. The request for right L5-S1 facet rhizotomy/radiofrequency, quantity 1 is medically necessary and appropriate.

LEFT L5-S1 FACET RHIZOTOMY/RADIOFREQUENCY QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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: Facet Joint Radiofrequency.

Decision rationale: The MTUS/ACOEM Guidelines states that 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 (ODG) states that the criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using a medial branch block.

There should be no more than two joint levels performed at one time. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case the criteria for both diagnostic facet joint block and facet Rhizotomy have been met. The documentation indicates that the patient has had a positive response to her facet joint block and has met the criteria for facet Rhizotomy. Additionally there is documentation in the medical records that this will be in conjunction with an exercise/therapy program. The request for left L5-S1 facet rhizotomy/radiofrequency, quantity 1 is medically necessary and appropriate.