

Case Number:	CM14-0017457		
Date Assigned:	02/21/2014	Date of Injury:	04/18/2011
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 a 62-year-old male with a 4/18/11 date of injury. At the time (1/6/14) of request for authorization for outpatient procedure: L2-L5 bilateral permanent lumbar facet injection aka radiofrequency ablation with fluoroscopic guidance and IV sedation, there is documentation of subjective (low back pain) and objective (restricted range of motion with spasm and guarding noted) findings, current diagnoses (degeneration of the lumbar/lumbosacral disc, lumbosacral spondylosis, sciatica, and lumbar disc displacement without myelopathy), and treatment to date (facet injection, TENS unit, and medications). Medical report identifies that the patient had a diagnostic lumbar facet injection on 12/3/13 with 70% reduction in pain. There is no documentation that no more than two joint levels will be performed at one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PROCEDURE: L2-L5 BILATERAL PERMANENT LUMBAR FACET INJECTION AKA RADIOFREQUENCY ABLATION K WITH FLOUROSCOPIC GUIDANCE AND IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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 degeneration of the lumbar/lumbosacral disc, lumbosacral spondylosis, sciatica, and lumbar disc displacement without myelopathy. In addition, there is documentation of at least one set of diagnostic medial branch blocks with a response of $\geq 70\%$, and a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, given documentation of a request for L2-L5 radiofrequency ablation, there is no documentation that no more than two joint levels will be performed at one time. Therefore, based on guidelines and a review of the evidence, the request for outpatient procedure: L2-L5 bilateral permanent lumbar facet injection aka radiofrequency ablation with fluoroscopic guidance and IV sedation is not medically necessary.