

Case Number:	CM14-0017567		
Date Assigned:	04/18/2014	Date of Injury:	03/01/2012
Decision Date:	06/03/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational 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:

The patient has submitted a claim for low back pain with an industrial injury date of March 1, 2012. The treatment to date has included medications, home exercise program, lumbar epidural steroid injection, and a diagnostic facet block in the lumbar area on the right side at level of medial branches of L4-L5 and L5-S1, which provided more than 80% pain relief for at least three to four hours. The utilization review from January 14, 2014 denied the request for lumbar percutaneous stereostatic radiofrequency rhizotomy under C-am fluoroscopy at L4-S1 at the level of medial branches on the right side because the patient presented with radicular pain and the volume of injectate given to each joint exceeded the guideline recommendations. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain, more on the right side, with on and off radiation to the lower extremities, but more on the right. The pain interfered with her daily activity and sleep. On physical examination, range of motion of the lumbosacral spine was limited. There was tenderness over the L4-L5 and L5-S1 facet area bilaterally but more on the right. Facet loading was positive. Sensation was intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR PERCUTAENOUS STEROSTATIC RADIOFREQUENCY RHIZOTOMY UNDER C-AM FLUOROSCOPY AT L4-S1 AT THE LEVEL OF MEDIAL BRANCHES ON RIGHT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injection).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to CA MTUS/ACOEM Practice Guidelines, good quality medical literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar spine. In addition, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The criteria for radiofrequency ablation (RFA) include at least one set of diagnostic medial branch blocks with a response of greater or equal to 70%; no more than two joint levels will be performed at one time; there is documentation of failure of conservative treatment; and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, although an adequate response was achieved following a diagnostic medial branch block, there was no documentation indicating failure of conservative management such as home exercise, physical therapy, and medications. Moreover, there was no discussion regarding plans of additional evidence-based conservative therapies. The criteria were not met; therefore, the request for lumbar percutaneous stereostatic radiofrequency rhizotomy under C-arm fluoroscopy at L4-S1 at the level of the medial branch on the right side is not medically necessary.