

Case Number:	CM14-0121559		
Date Assigned:	08/06/2014	Date of Injury:	05/11/2009
Decision Date:	09/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 62-year-old female with a reported date of injury on 05/11/2009. The mechanism of injury was not provided within the medical records. The injured worker was diagnosed with low back pain with right sided radicular pain, instability at L4-5 status post L4-5 fusion on 05/05/2011, right L5 radiculopathy, and status post removal of right pedicle screw-rod construct at L4-5 with exploration of spinal fusion on 06/14/2012. Prior treatments included acupuncture, cognitive behavioral therapy, and physical therapy and trigger point injections. Diagnostic studies included an MRI of the lumbar spine, which was performed on 08/30/2010, which revealed disc degeneration, moderate, with disc space narrowing, a broad disc bulge extending back 3 mm without canal or foraminal narrowing at T11-12, disc bulges at L1-2, L2-3 and L3-4, all were minimal, broad and extending 2 mm, mild disc space narrowing, disc desiccation and a broad disc bulge extending back 4 mm with narrowing the canal or neural foramina at L4-5 and a minor, broad, disc bulge extending 3 mm at L5-S1. A CT of the lumbar spine was performed on 09/12/2013, which revealed the injured worker was status post L4-5 anterior and posterior fusion with removal of the bridging right pedicle screws, the left pedicle screw remained and there was no evidence of loosening or fracture of the hardware. The physician believed there was documented posterior fusion, but he was unable to confirm anterior fusion. There was excellent alignment and distraction and there were multilevel disc bulges, but no significant central canal or neural foraminal compromise seen. The injured worker underwent a lumbar spine fusion and removal of hardware. The clinical note dated 06/03/2014, indicated the injured worker had persistent paresthesias to the bilateral lower extremities. The injured worker had 5/5 strength to the left lower extremity and 4/5 strength to the right lower extremity. The injured worker had mild sensitivity to touch in the L5 dermatome on the right. Sensation was normal to the left L5 dermatome, bilateral L4 dermatome and bilateral S1 dermatome.

Plantar reflexes were decreased bilaterally and quadriceps reflexes were normal bilaterally. The physician recommended a facet medial branch block at L5-S1. The injured worker's medication regimen included Norco, Docusate, Wellbutrin, Zolpidem, Flector patch, Hydrocodone and Celebrex. The physician's treatment plan included recommendations for continuing medications and obtaining a Medial Branch Block and rhizotomy. The physician's rationale for the request was not indicated. The Request for Authorization was dated 03/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Radiofrequency Rhizotomy L5-S1 (Following Medial Branch Blocks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS/ACOEM guidelines state radiofrequency neurotomy for the treatment of select patients with low back pain is recommended. The Official Disability Guidelines further note prior to performance of a facet joint radiofrequency neurotomy a diagnosis of facet joint pain should be made using a Medial Branch Block. The medial branch block should provide a response of 70% which should last at least 2 hours for Lidocaine. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The guidelines note no more than two joint levels are to be performed at one time and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Per the provided documentation the physician indicated the injured worker has decreased sensation to the right L5 dermatome. There is lack of documentation indicating the injured worker has significant findings upon physical examination indicative facetogenic pain including positive facet loading. There is no indication that the injured worker has undergone a Medial Branch Block to the L5-S1 level. There is no indication that the rhizotomy will be followed by evidence based conservative care. As such the request for Facet Radiofrequency Rhizotomy L5-S1 (Following Medial Branch Blocks) is not medically necessary and appropriate.

Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint diagnostic blocks (injections).

Decision rationale: The California MTUS/ACOEM guidelines state lumbar facet neurotomy reportedly produces mixed results. Facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The

Official Disability Guidelines further state, the patients clinical presentation should be consistent with facet joint pain, signs & symptoms. The guidelines note the use of medial branch blocks is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 facet joint levels are injected in one session (see above for medial branch block levels). Per the provided documentation, the injured worker has decreased sensation to the right L5 dermatome, which indicative of neurologic deficit. The guidelines do not recommend the use of medial branch blocks for injured workers with signs of radiculopathy. There is lack of documentation indicating the injured worker has significant findings upon physical examination indicative facetogenic pain including positive facet loading. The submitted request does not indicate the site at which the injection is to be performed. As such, the request for a Medial Branch Block is not medically necessary and appropriate.