

Case Number:	CM14-0124513		
Date Assigned:	08/08/2014	Date of Injury:	07/19/2004
Decision Date:	09/25/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 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:

The injured worker is a 52-year-old male who reported an injury after the lifting the cab of a cab over a truck on 07/19/2004. The clinical note dated 07/23/2014 indicated diagnoses of chronic pain syndrome, postlaminectomy syndrome of the lumbar region, lumbar sprain/strain, lumbosacral spondylosis without myelopathy and lumbago. The injured worker reported back stiffness and back pain rated at 5/10. The injured worker reported he walked with a cane and complained of chronic numbness and tingling that radiated down the outside of his left leg into his left toes. The injured worker reported he had noticed an increase in pain and increased difficulty getting around. On physical examination of the lumbar spine the injured worker had muscle spasms and paraspinal muscle tightness present in the lumbar region, a positive straight leg raise on the left at approximately 45 degrees, lower back pain and radicular pain. The injured worker had facet tenderness that was bilateral to the lower lumbar, and a positive facet loading test bilaterally with left side worse than right. The injured worker's S1 joints were tender bilaterally with tenderness at the sciatic notch bilaterally. The injured worker's spine extension was restricted and painful, and the injured worker was unable to flex forward and touch his knees. The injured worker had decreased sensation over the left heel, left lateral foot, and fourth and fifth toes, and left lateral knee area and anterolateral aspect of the left leg. The injured worker's lower extremity revealed moderate weakness with dorsiflexion and the left side. The injured worker's hip extension at the L5, S1 and S2 on the left were much weaker than on the right. The injured worker's deep tendon reflexes, patellar reflexes are 1+ bilaterally. The injured worker's surgical history included left sacroiliac joint injection dated 10/24/2013, a left sacroiliac joint injection dated 03/21/2012, and a diagnostic medial branch block to the left and right L4-5. The injured worker had pain and the post anesthetic time went down by 80%. Clinical note dated 03/24/2014 indicated the injured worker's pain diary showed a good response in the post

anesthetic phase but did not last very long, as he reported later on in the next day his pain was much worse. The injured worker complained of left sided lower back pain which was worse than before. He also reported right sided lower back pain as well. The injured worker complained of pain to his neck, left side, shoulder, and throbbing that radiated down to the left lower extremity. The injured worker reported having increased pain in his low back that radiated into his left lower extremity, and the injured worker reported since the surgery he got no relief. The injured worker had a left sacroiliac joint injection dated 11/16/2011, a caudal epidural steroid injection dated 06/09/2011 with 60%, but did not help left side lower back pain, and a left L5-S1 epidural steroid injection with some relief with the hip and thigh for 2 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Cymbalta, Norco, Senokot, trazodone and omeprazole. The provider submitted a request for radiofrequency lesioning of the medial branches at bilateral L4-5 to cover bilateral L5-S1 facet joints under fluoroscopy guidance. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning of the medial branches at bilateral L4-5 to cover bilateral L5-S1 facet joints under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints 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, Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS/ACOEM guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. Although the injured worker reported 80% relief, it was short-term, lasting 1 day. The injured worker reported the pain was worse. In addition, the injured worker had a positive straight leg raise on the left, at approximately 45 degrees. The injured worker also complained of numbness and tingling that

radiated down the outside of his left leg into his left toes consistent with radiculopathy; radiculopathy is clinically obvious. Therefore, the request is not medically necessary.