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| Case Number: | CM14-0159445 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 01/06/2011 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 01/06/2011. The mechanism of injury was not clearly indicated. The injured worker's diagnoses included lumbar disc protrusion at L4-5 with borderline central canal stenosis, lumbar facet hypertrophy at L4-5 and L5-S1, right sided S1 lumbar radiculopathy, chronic myofascial pain syndrome, and depression. The injured worker's past treatments included epidural steroid injections, medications, home exercise and a radiofrequency lesioning procedure. Her diagnostic exams included an MRI of the lumbar spine, an X-ray of the lumbar spine, and an electromyography performed on 03/23/2011. The injured worker's surgical history was not clearly indicated in the clinical notes. On 09/05/2014, the injured worker complained of severe escalating low back pain axially that radiated into the mid back and occasionally down into the legs. She reported this pain as 6/8-10 on the pain scale. The injured worker indicated that the medication gave her pain relief for a few hours. Prolonged sitting, descending stairs, and lifting heavy objects aggravated her pain. The physical exam revealed paravertebral muscle spasms and localized tenderness to the lumbar spine area and decreased range of motion to the lumbar spine. There was also non-dermatomal diminished sensation to light touch in the right leg with positive hyperextension maneuver of the lumbar spine. The injured worker's medications included Ultram 50 mg, Relafen 750 mg, Ambien 10 mg, Neurontin 600 mg, and Norflex 100 mg. The treatment plan consisted of a request for a radiofrequency lesioning, continuation of medications, and the continuation of a home exercise program. A request was received for a one time bilateral L3, L4, and L5 medial branch radiofrequency lesioning. The rationale for the request was that the injured worker received 80% to 90% pain relief following a previous radiofrequency lesioning. The Request for Authorization form was signed and submitted on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Time bilateral L3, L4, and L5 medial branch radiofrequency lesioning: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for a one time bilateral L3, L4, and L5 medial branch radiofrequency lesioning is not medically necessary. The Official Disability Guidelines state that facet joint radiofrequency neurotomies are necessary when the diagnosis of facet joint pain is documented. The criteria for use includes, the evidence that no more than 2 joint levels are being performed on at one time, evidence of a formal plan of additional evidence based conservative care in addition to the facet joint therapy, and for the indication of repeat neurotomies there should be documentation of at least 50% pain relief for at least 12 weeks. Repeat neurotomies should not occur at an interval of less than 6 months from the first procedure. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in pain scores, and decreased medication use with documented improvement in function. Based on the clinical notes, the injured worker had escalating complaints of low back pain that radiated occasionally down into the legs. She had complaints of tingling and numbness with a pain score of 6/8-10. She indicated that her medications gave her pain relief for a few hours. The physical exam revealed paravertebral muscle spasm and localized tenderness in the lumbar spine area with decreased range of motion and sensation. The clinical notes indicated that the injured worker had a previous radiofrequency lesioning performed on an unknown date that provided 80% to 90% pain relief for a few months and functional improvement. She also had several epidural steroid injections that provided some pain relief. The clinical notes did indicate that the injured worker would continue to participate in a home exercise program in addition to the facet joint therapy, which would be supported by the guidelines. The indication that the nerve roots L3, L4, and L5 will be utilized during the procedure, would be supported by the guidelines, as they recommend no more than 2 joint levels to be performed on at one time. However, the clinical notes failed to indicate the exact date of the radiofrequency lesioning, which is needed to determine if the second procedure is within the 6 month recommendation window. Also, the clinical notes failed to document quantitative measures that showed pain relief of at least 50% for at least 12 weeks following the initial lesioning. Additionally, the clinical notes do not show that the injured worker's medication use had decreased as a result of the first neurotomy. Therefore, due to a lack of quantitative documentation indicating pain relief of at least 50% for at least 12 weeks following the initial radiofrequency lesioning, decreased medication use, and the date of the previous neurotomy, the request is not supported. Thus, the request for a one time bilateral L3, L4, and L5 medial branch radiofrequency lesioning is not medically necessary.