

Case Number:	CM14-0164074		
Date Assigned:	10/08/2014	Date of Injury:	10/22/2009
Decision Date:	12/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 10/22/09. A utilization review determination dated 9/10/14 recommends non-certification of bilateral L3, L4, and L5 medial branch radiofrequency lesioning. 9/15/14 medical report identifies low back pain axially radiating in mid back and occasionally shooting down the left leg with tingling, numbness, and paresthesia. Treatment has included PT, ESI, MBBs, and lumbar spine surgery. Bilateral L4 and L5 medial branch blocks on 8/7/13 provided 70-80% pain relief for several months and "functionally improved." On exam, there is limited ROM, "hyperextension maneuver" of lumbar spine is positive, there is paravertebral spasm and localized tenderness in lumbar facet joints at L4-5 and L5-S1. There is non-dermatomal diminished sensation to light touch in the left leg. Bilateral sitting SLR is 50-60 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, and L5 medial branch radio frequency lesioning: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for bilateral L3, L4, and L5 medial branch radio frequency lesioning, CA MTUS and ACOEM state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. The ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, the requesting physician has apparently performed bilateral medial branch blocks at L4 and L5 only, while the request is for L3, L4, and L5. No operative report was provided and no documentation notes that the blocks were performed without IV sedation or opiates. Furthermore, the patient has multiple symptoms and findings consistent with radiculopathy including a positive straight leg raise, while the requested procedure is supported in the presence of non-radicular pain. In the absence of clarity regarding his issues, the currently requested bilateral L3, L4, and L5 medial branch radio frequency lesioning is not medically necessary.