

Case Number:	CM14-0022664		
Date Assigned:	06/13/2014	Date of Injury:	04/03/2013
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Surgery 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 who is a 48 year old female who reported an injury on 04/03/2013 after lifting barricades repetitively and climbing up and downhill's working as a reliever. On 04/08/2013 the injured worker had an MRI of the lumbar spine that revealed remarkable for L3-L4 having a moderate right facet arthropathy with a small synovial cyst, small facet synovial cyst present. L4-L5 showed mild to moderate right greater than left facet arthropathy with 5 mm facet synovial cyst extending posteriorly into the paraspinal soft tissue. On 10/11/2013 the injured worker underwent facet injection to the right L3-L4 and left L4 and L5-S1 levels with temporary relief. On 12/12/2013 the injured worker underwent a lumbar medial branch block at right and left L3-L5 which decreased the pain by 85 percent for 6 days that had flared after lifting. The injured worker underwent a second MRI of the lumbar spine 05/13/2014 that revealed L3-L4 a grade 1 anterolisthesis with increased facet degenerative joint disease that was moderate. It was also noted there was moderate bilateral neural foraminal stenosis with canal stenosis. On the physical examination, done on 05/28/2014 the lumbar spine bilateral seated leg raise was 90 degrees with radiating pain to the right buttock and the left. The range of motion forward flexion 50 degrees, extension 25 degrees radiating down to the buttocks area, bilateral flexion 45 degrees and 75 degrees bilateral rotation with pain radiating down into the right gluteal region and left side. On palpation of the lumbar spine moderate tenderness over the bilateral L3-S1 region, motor strength was 5/5 upper and lower extremities. It was noted the injured worker had slight right foot drop. It was noted that the injured worker went to go see the neurosurgeon however, left without being seen after waiting 2 hours and rescheduled for 08/04/2014. On 06/05/2014 the injured reported on the follow-up visit of neck pain in the upper and lower extremities and her pain level was 7/10. Her symptoms persist with the same findings as her last visit which was on 05/28/2014. The injured worker medication included Topiramate 12.5 mg and Lidoderm patches.

The diagnoses included cervical facet arthralgia with discogenic, right L3-L5 facet arthralgia and right sacroiliac arthralgia. The treatment plan includes radiofrequency neurotomy ablation to the bilateral L4-L5 and L5-S1. The authorization for request was submitted on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY NEUROTOMY ABLATION TO THE BILATERAL L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for radiofrequency neurotomy ablation to the bilateral L4-L5 and L5-S1 is not medically necessary. The California MTUS/ACEOM states that there is a quality medical literature demonstrating that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief 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. The injured worker has complaints of back pain and neck pain and diagnoses that include cervical facet arthralgia with discogenic, right L3-L5 facet arthralgia and right sacroiliac arthralgia since 04/08/2013. It was documented that the injured worker had two treatments of facet injections on 10/23/2013 and 12/12/2013 which decreased the injured worker's pain by 86 percent but after the injured worker lifted an unknown amount of weight her symptoms flared up again. However, it was noted on 06/05/2014 epidural injections were given but the specific medication was not reported that used for the sedation. There is no mention duration of relief after the facet injections are given. It was also noted that the injured worker had an appointment with the Neurosurgeon but left after waiting for 2 hours. In the documentation provided there was lack of evidence of conservative care improvement noted such as physical therapy. In addition, there was lack of evidence of adequate diagnostic blocks, documented improvement in VAS score decreased medications and documented improvement in function. Given the above, the request for the radiofrequency neurotomy ablation to the bilateral L4-L5 and L5-S1 is not medically necessary.