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| Case Number: | CM14-0026460 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 06/08/2001 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 02/24/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Management 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 female patient with a date of injury of June 8, 2001. A utilization review determination dated February 24, 2014 recommends non-certification of a lumbar lateral branch neurotomy at right L5, S1, S2, and S3 (done on 12/17/13). A progress note dated January 29, 2014 identifies subjective complaints of 95% relief of pain on the day of the right SI joint block, with remaining improvement of 85 to 95% the rest of the day. The next morning the patient woke up with a slight increase in her symptoms, by day five the patient had a week of relief rating her pain at a 3 from 8/10. The patient currently complains of pain back up to 8/10. The patient can sit and stand for up to 10 minutes, walking is limited to 15 minutes, and lying down limited to 30 minutes. The patient continues to take Tylenol as needed and feels that her Tylenol intake has been increasing. The patient continues with bilateral low back pain, right worse than left, anterior thigh stabbing, cramping at night in the anterior lower legs, and cramping in the feet. The patient is finding the cramping is increasing. The patient has failed acupuncture, physical therapy, chiropractic care, and previous epidurals have provided only short-term relief. The patient continues with a home exercise program. No physical examination was documented for review. There are no listed diagnoses. And the treatment plan recommends L5, S1, S2, and S3 lateral branch neurotomy. The patient responded to the last two SI joint blocks with up to 95% relief. The first SI joint injection was questionable as the patient initially experienced 50% relief and eventually experienced 95% relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LATERAL BRANCH NEUROTOMY, RIGHT L5, S1, S2, S3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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: Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: Regarding the request for lumbar lateral branch neurotomy right L5, S1, S2, and S3, California MTUS does not address the issue. ODG states that the procedure is not recommended. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear, and there is also controversy over the correct technique for radiofrequency denervation. They also note that a recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. In light of the above issues, the currently requested lumbar lateral branch neurotomy right L5, S1, S2, and S3 is not medically necessary.