

Case Number:	CM14-0037292		
Date Assigned:	06/25/2014	Date of Injury:	06/03/2010
Decision Date:	08/18/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational 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:

Patient is a 57-year-old female who has submitted a claim for sacrum disorder associated with an industrial injury date of 06/03/2010. Medical records from 2014 were reviewed. Patient complained of constant low back pain, worse with prolonged sitting. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Pain was aggravated upon lumbar extension and during axial loading of lumbar facet joints. Reflexes were +1 and equal at bilateral patella and Achilles. Both motor and sensory exam were normal. She underwent lumbar facet ablation with 50% - 70% pain reduction in the past lasting for four months. Patient was able to wean down intake of medications and returned back to full duty. However, she re-injured her low back pain hence this request for a repeat facet injection. X-ray of the lumbar spine, undated, demonstrated facet hypertrophy at L4-L5 and L5-S1 levels. There was no sign of fracture and intervertebral disc spaces were well preserved. MRI of the lumbar spine from 2010 revealed market facet degeneration. Treatment to date has included lumbar facet ablation, aquatic therapy, 24 visits of physical therapy, and medications. Utilization review from 03/20/2014 denied the requests for bilateral permanent lumbar facet injection L4-L5, Quantity 2.00, bilateral permanent lumbar facet injection at L5-S1 AKA radio frequency ablation, Quantity: 2.00, fluoroscopy guidance, Quantity 1.00, and IV (Intra venous) sedation, Quantity 1.00 because the records did not address the functional outcomes from the prior lumbar radiofrequency. The guidelines likewise do not recommend repeat neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent lumbar facet injection at L4-L5, Quantity 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet Joint Block.

Decision rationale: CA MTUS ACOEM Guidelines, Page 300 supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, patient complained of constant low back pain, worse with prolonged sitting. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Pain was aggravated axial loading of lumbar facet joints. Reflexes were +1 and equal at bilateral lower extremities. Motor and sensory exam were normal. Clinical manifestations are consistent with facet joint-mediated pain. This was further corroborated by x-ray of the lumbar spine, undated, demonstrating facet hypertrophy at L4-L5 and L5-S1 levels. However, the official report was not made available for review. Moreover, there was no documented plan of an exercise program - a required adjunct in facet joint blocks. In addition, the guidelines do not consistently recommend facet joint blocks except for diagnostic tool as there is minimal evidence for treatment. There is no compelling rationale presented to certify this request. Therefore, the request for bilateral permanent lumbar facet injection L4-L5, Quantity 2.00 is not medically necessary.

Bilateral permanent lumbar facet injection at L5-S1 AKA radio frequency ablation, Quantity 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: CA MTUS does not specifically address repeat facet joint radiofrequency neurotomies. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). There should also be evidence of a

formal plan of additional conservative care in addition to facet joint therapy. In this case, patient underwent lumbar facet ablation with 50% - 70% pain reduction in the past lasting for four months. Patient was able to wean down intake of medications and returned back to full duty. However, the exact date of previous neurotomy was not documented - which is important to meet guideline criterion of a repeat procedure only after an interval period of 6 months. The medical necessity cannot be established due to insufficient information. Moreover, there was no documented plan of an exercise program - a required adjunct in neurotomy procedures. Therefore, the request for bilateral permanent lumbar facet injection at L5-S1 AKA radio frequency ablation, Quantity 2.00 is not medically necessary.

Fluoroscopy guidance, Quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV (Intravenous) sedation, Quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.