

Case Number:	CM14-0041080		
Date Assigned:	06/30/2014	Date of Injury:	04/12/2000
Decision Date:	09/30/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 70-year-old male who has submitted a claim for lumbar spondylosis associated with an industrial injury date of April 12, 2000. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain that was dull, constant and worse with extension of back. On examination of the lumbar region, patient was found to have restrictions in mostly extension secondary to pain. Flexion, rotation and side bending appeared intact. Typical axial back pain was exacerbated with facet loading maneuvers on exam. Manual muscle testing was 5/5 on bilateral lower extremities. Sensation to light touch appeared to be intact across all dermatomes. DTRs were 2/4 on bilateral lower extremities. Gait appeared intact. An EMG/NCS of lower extremities, according to a progress report on 1/31/14, demonstrated no evidence of plexopathy, neuropathic or radiculopathy. MRI dated 12/3/13 revealed multilevel neural foraminal stenosis, secondary to disc bulging, facet arthropathy and hypertrophy of ligamentum flavum. Treatment to date has included surgery, medications, and lumbar intraarticular facet joint injection (1/10/14) which according to a progress note reduced the patient's pain to around 50% for around 2 weeks. Utilization review from March 27, 2014 denied the request for L3, L4, L5 Lumbar Medial Branch Neurotomy with Radiofrequency Ablation because the documentation did not support that prior diagnostic facet blocks resulted in at least 70% decrease in pain for the duration of the anesthetic agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3, L4, L5 Lumbar Medial Branch Neurotomy with Radiofrequency Ablation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: As stated on pages 300-301 of the CA MTUS ACOEM Guidelines, there is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. Additionally, ODG states the criteria for use of facet joint radiofrequency neurotomy includes: 1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above, (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. (7) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. In this case, the patient was diagnosed with facet arthropathy. However, there was no documented evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. It seems the facet RFA is considered as stand-alone treatment, which is not supported. The criteria for radiofrequency neurotomy of facet joint nerves in the lumbar spine were not met. Therefore, the request for L3, L4, L5 Lumbar Medial Branch Neurotomy with Radiofrequency Ablation is not medically necessary.