

Case Number:	CM14-0048558		
Date Assigned:	06/25/2014	Date of Injury:	05/06/2013
Decision Date:	08/05/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 patient with a date of injury of 5/6/13. A utilization review determination dated 3/19/14 recommends this as not medically necessary of right lumbar 3, 4, 5 neurolysis as the patient had radicular findings and no tenderness over the facet joints. Retrospective medial branch blocks and neurolysis were not medically necessary on 2/4/14 as the patient had radicular exam findings and was previously approved for an epidural steroid injection that was apparently never completed. On 1/24/14, medical report identifies lumbar pain that feels like burning nerve pain, aching nerve pain, radicular nerve pain and is constant with pain that does not radiate to the legs. Pain is 5 with medications and 10 without. On exam, there is limited lumbar ROM, positive SLR and slump tests bilaterally, with abnormal L5 sensation bilaterally and 4/5 ankle dorsiflexion and hip abduction bilaterally. There is tenderness over the bilateral lumbar paraspinals, but no tenderness over the facet joints. Medial branch blocks were said to provide 80% relief for 2 days. 1/10/14 operative report notes that the medial branch blocks were performed with lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar 3,4,5 Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 300-301 Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s) : , 300, 301, 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 Right Lumbar 3,4,5 Neurolysis, California MTUS and ACOEM state that there is good quality medical literature demonstrating that radiofrequency Neurotomy of facet joint nerves in the cervical spine provides good temporary relief of 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 Official Disability Guidelines state that suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. Specific to radiofrequency Neurotomy, one set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. It is also limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. Within the documentation available for review, the patient is noted to have no tenderness over the facet, an abnormal sensory examination, the presence of radicular findings, and an abnormal straight leg-raising exam. It appears that the patient has radiculopathy that has not been addressed and/or ruled out, and an authorized ESI was not performed. In light of the above issues, the currently requested Right Lumbar 3, 4, 5 Neurolysis is not medically necessary.