

Case Number:	CM14-0050171		
Date Assigned:	07/07/2014	Date of Injury:	05/31/2000
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

According to the records made available for review, this is a 60-year-old female with a May 31, 2000 date of injury. At the time of request for authorization for bilateral radiofrequency ablation of the lumbar medial branch nerves Levels at L3-4 and L4-5 (on April 8, 2014), there is documentation of subjective (low back pain radiating to both buttocks and to the back of both thighs, numbness over the left leg, pain worse with bending forward and standing) and objective (loss of normal lordosis, flexion limited to 90, normal extension, tenderness and trigger points on L3, L4, and L5, positive facet loading, negative straight leg raise, reflexes equal and symmetric, motor strength 5/5, and sensation intact) findings, current diagnoses (lumbosacral facet arthropathy, spinal stenosis lumbar region, lumbar degenerative disc disease, thoracic/lumbosacral radiculitis), and treatment to date (physical therapy, chiropractic, epidural steroid injections, medications, and medial branch blocks (with reported 90% relief of pain and increased range of motion)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral radiofrequency ablation (RFA) of the lumbar medial branch nerves levels at L3-4 and L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines - Radiofrequency neurotomy, Diagnostic facet joint injections.

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral facet arthropathy, spinal stenosis lumbar region, lumbar degenerative disc disease, thoracic/lumbosacral radiculitis. In addition, there is documentation of at least one set of diagnostic medial branch blocks with a response of 90%, that no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for bilateral RFA of the lumbar medial branch nerves levels at L3-4 and L4-5 is medically necessary and appropriate.