

Case Number:	CM14-0054767		
Date Assigned:	07/07/2014	Date of Injury:	04/06/2002
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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:

The patient is a 53-year-old male who has submitted a claim for bilateral facet joint arthropathy at L4-L5, L5-S1; lumbar facet joint arthropathy; bilateral lower extremity weakness; bilateral L3-L4 and bilateral L4-L5 facet joint pain and arthropathy; status post fluoroscopically-guided bilateral L3-L4 and L4-L5 lumbar facet joint radiofrequency nerve ablation; severe right stenosis at L5-S1; small annular disc bulge at L4-L5; lumbar post-laminectomy syndrome; lumbar sprain/strain; postsurgical epidural fibrosis bilaterally at L5-S1; bilateral cervical radiculopathy; cervical disc protrusion; bilateral carpal tunnel syndrome; bilateral ulnar neuropathy; cervical stenosis; cervical sprain/strain; status post L5-S1 fusion; decreased sleep secondary to chronic pain; gastroesophageal reflux disease; and hyperlipidemia associated with an industrial injury date of April 6, 2002. Medical records from 2006-2014 were reviewed. The patient complained of bilateral low back pain. The pain radiates to the bilateral buttocks. It was exacerbated by all movements. Physical examination showed tenderness over the lumbar paraspinal muscles overlying the bilateral L3-L4, and L4-L5 facet joints. Lumbar range of motion was restricted by pain in all directions. Lumbar facet joint provocative maneuvers were positive. Motor strength was 4/5 on the bilateral tibialis anterior, bilateral extensor hallucis longus, bilateral peroneals, and bilateral gastrocnemius. MRI of the lumbar spine, dated April 30, 2009, revealed post-surgical changes, and bilateral L3-L4 and L4-L5 facet joint arthropathy with a small anterior bulge at L4-L5. Official report of the imaging study was not available. Treatment to date has included medications, activity modification, lumbar fusion surgery, and facet joint radiofrequency nerve ablation. Utilization review, dated April 8, 2014, denied the request for 1 repeat fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation because there was no clinical documentation showing decreased VAS score of at least 50% lasting 12 weeks, decreased medication, or improved function from the previous

procedure. Another utilization review, dated April 22, 2014, also denied the above request even though the provider has reiterated the presence of sustained reductions in pain and function benefit because there continues to have insufficient corroborating evidence of benefit following the previous radiofrequency procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 repeat fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, ODG states that repeat facet joint radiofrequency neurotomies should not occur at an interval of less than 6 months from the first procedure, duration of relief from the first procedure is documented for at least 12 weeks with 50% relief, and that no more than 3 procedures should be performed in a year's period; and approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. In this case, the patient complains of persistent low back pain corroborated by tenderness overlying the bilateral L3-L4, and L4-L5 facet joints and positive lumbar facet joint provocative maneuvers. Recent progress report dated July 1, 2014 states that previous lumbar facet joint radiofrequency neurotomy done on June 6, 2013 have helped the patient by 60% for 7-12 months. It has also increased the patient's range of motion, activities of daily living such as dressing and self-care, and enabled the patient discontinue the pain medications. The criteria have been met. Therefore, the request for 1 repeat fluoroscopically guided bilateral L3-L4 and bilateral L4-L5 facet joint radiofrequency nerve ablation is medically necessary.