

Case Number:	CM14-0059796		
Date Assigned:	07/09/2014	Date of Injury:	08/18/1995
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 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:

This is a female patient who sustained a remote industrial injury on 08/18/1995. The diagnoses included right lumbar radiculopathy with neural claudication, herniated nucleus pulposus lumbar spine, failed conservative therapies for pain control. The patient has a history of multiple lumbar radiofrequency neurotomies from L3-S1 bilaterally as well as lumbar epidural steroid injections on the right at L4-S1. The patient most recently underwent lumbar epidural steroid injections at L4-5 and L5-S1 on 02/11/14. A request for bilateral facet radiofrequency neurotomy was noncertified utilization review on 04/18/14 with the reviewing physician noting that although the patient reported pain relief following the previous radiofrequency ablation, there is no evidence the patient has been able to return to work or decrease her medication intake. She continues on opioids and remains off work. There has been essentially no progress in her condition despite multiple radiofrequency neurotomy procedures and epidural steroid injections performed between radiofrequency neurotomies for the last several years. It was also noted she now has significant radiculopathy requiring repeated injections of epidural steroid injections which is not a medically acceptable long-term treatment plan nearly 20 years post injury. A letter of appeal dated 04/20/14 patient has recurrence of chronic low back pain associated with muscle spasm and stiffness in the lower lumbar area with pain rating at 8-9/10, worsened on prolonged sitting, standing, and walking for more than 10-15 minutes. She has a history of lumbar discectomy/laminectomy surgery in the past with multilevel lumbar disc bulges at L3-L4, L4-L5, and L5-S1. Previous treatment has included home exercise program, physical therapy modalities, NSAIDs, muscle relaxants, and TENS unit off and on. Physical examination reveals bilateral lumbar facet tenderness at L3-L4, L4-L5, and L5-S1 levels. Range of motion to the lumbar spine is limited. It was reported the patient denies having any pain in the lower extremities and there is no evidence of lumbar radiculopathy. Neurological examination was not

performed however. It was reported the patient had a diagnostic medial branch block with more than 80% pain relief for the duration of the local anesthetic and it was recommended the patient receive a lumbar radiofrequency facet neurotomy. Most recent letter of medical necessity dated 07/02/14 reveals the patient presented with complaints of low back pain with intermittent spasm and weakness. She reports pain in the right leg is unbearable and there is positive numbness in the right leg with pain rated at 9-10/10. Patient reported positive relief with previous lumbar transforaminal epidural steroid injection with 55% relief lasting for 3 months. On physical examination, there was tenderness from L3-L5 level bilaterally. Pain in the lumbar spine worsens on extension, sidebending and rotation of the spine. Range of motion of the lumbar spine was limited. There was a positive straight leg raise test on the right at 45 . Deep tendon reflexes are 1+ at the knee level and at the Achilles. There is weakness in the right lower extremity in the L4-L5 myotomes. It was recommended the patient undergo a stat right transforaminal lumbar epidural steroid injection at L4-L5 and medications were refilled (medications not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Radiofrequency Lumbar Facet Neurotomy: Upheld

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

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: Per ODG guidelines, " Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). Approval of repeat neurotomy depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function." Documentation in this case does not identify the patient having primarily facet mediated pain, and it is noted patient is being treated for radiculopathy, which the exclusionary criterion for facet procedures. Most recent physical examination identifies neurological deficits and the patient reports radicular pain. Documentation also does not include a positive diagnostic medial branch block procedure report indicating standard protocol was followed including no more than 2 joint levels performed, no IV sedation, and no more than 0.5 cc of injectate used at each level. It is further noted the patient has a chronic injury from greater than 20 years ago and has been treated with multiple radiofrequency ablations as well as multiple epidural steroid injections, and although the patient reported some pain relief, these repeated procedures have not resulted in any significant functional benefit, return to work, or reduction in medication use that would support the medical necessity of repeat procedures. Additionally, the current request does not specify what levels procedures to be performed at. For all of these reasons, bilateral radiofrequency lumbar facet neurotomy (levels not specified) is not medically necessary.