

Case Number:	CM14-0062669		
Date Assigned:	07/11/2014	Date of Injury:	06/20/2012
Decision Date:	11/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 Internal 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 the case of a 49 year old female with a date of injury of 10/1/2010. In a secondary treating physician progress report dated 4/3/2014 by [REDACTED], the patient returned for reevaluation. She was diagnosed with bilateral chronic sacroiliac pain and bilateral hip internal derangement. She received a sacroiliac joint injection previously which provided excellent relief for over one month, but now is complaining of recurrent pain in the bilateral sacroiliac area. She is taking Motrin 800 mg 3 times a day and Vicodin as needed. On physical examination that day, she had a straight leg raise negative. Motor examination was normal in the lower extremities. Fabere did reproduce her usual buttock pain bilaterally. It was then recommended that she have sacroiliac radiofrequency denervation of bilateral L5 dorsal ramus as well as the bilateral S1-3 lateral branches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Neurotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert

Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines: Low back complaints chapter; Pages 300-301. <Insert Other Basis/Criteria

Decision rationale: Based on Occupational Medicine Practice Guidelines, there is no 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 medical branch diagnostic blocks. Based on MTUS guidelines, pulsed radiofrequency treatment (PRF) is not recommended. PRF has been investigated as a potentially less harmful alternative to radiofrequency thermal neurolytic destruction (thermo coagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. PRF is considered investigational/not medically necessary for the treatment of chronic pain syndromes. A decrease in pain was observed in patients with herniated disc and spinal stenosis, but not in those with failed back surgery syndrome. However, this option does not appear to be an ideal modality of treatment for lumbar radicular pain because neurodestructive methods for the treatment of neuropathic pain are in principle generally considered inappropriate. Therefore, since neurodestructive methods of treatment for neuropathic pain are generally considered inappropriate, then we cannot approve Lumbar Medial Branch Neurotomy. Therefore, based on MTUS guidelines and the evidence in this case, the request for Lumbar Medial Branch Neurotomy is not medically necessary.