

Case Number:	CM14-0063486		
Date Assigned:	07/11/2014	Date of Injury:	04/27/2001
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 48 year old female who sustained an industrial injury on 04/27/2001. According to a procedure note dated 2/20/2014, lumbar facet injection at L4-5 and L5-S1 on the right was performed under fluoroscopy. Pre procedure pain level was 7/10 and post pain level 5/10. According to the progress report by [REDACTED], dated 03/06/2014, the patient presented for follow-up from lumbar facet injection. She reports she felt great and rates relief greater than 75% for 4 days. Objective findings document 5/5 motor, sensory intact, and pain upon palpation over the right lumbar facets at L4-5 and L5-S1, increased with facet loading. Diagnosis is lumbar spondylolysis. Current medications list skelaxin, Cymbalta, ambien, and trazodone. The plan is to request lumbar radiofrequency at L4-5 and L5-S1, and follow-up in 1 month. Her work status is P&S. A prior peer review was performed on 4/4/2014 by [REDACTED], who recommended the procedure not medically necessary of the requested bilateral lumbar facet radiofrequency at L4-5 and L5-S1 under fluoroscopy. A peer to peer with the provider, [REDACTED] was performed and per the discussion, it was noted the patient had undergone an intraarticular facet injection; she had never undergone a medial branch block. It was noted the injection procedure was not successful per the guidelines, which require 6 weeks duration of pain relief with intraarticular blocks, and if the intraarticular block was successful, the guidelines recommend proceeding next with medial branch block rather than radiofrequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet radiofrequency at L4-5 & L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th Edition (web) 2013, Treatment in Workers Compensation, Low Back-Facet Joint Radiofrequency Neurotomy Official Disability Guidelines (ODG), Treatment Index, 18th Edition (web) 2013, Treatment in Workers Compensation, Low Back-Facet Joint Intraarticular Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

Decision rationale: The ODG state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. According to the guidelines, facet joint radiofrequency neurotomy is currently under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. The first criterion for this procedure states treatment requires a diagnosis of facet joint pain using a medial branch block. According to the available documentation, the patient underwent intraarticular facet blocks at L4-5 and L5-S1 on the right on 2/20/2014, with response of 75% pain relief for 4 days reported. The guidelines state that for intraarticular blocks to be considered successful it requires initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks. If determined successful, which has not been established in this case, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The medical records do not establish this patient has undergone a successful medial branch block, as is required prior to radiofrequency neurotomy. Consequently, the request is not supported by the medical literature, and is not medically necessary.