

Case Number:	CM14-0069475		
Date Assigned:	07/14/2014	Date of Injury:	05/22/2001
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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 66-year-old female who has submitted a claim for low back pain, degeneration intervertebral disc lumbar or lumbosacral, post laminectomy syndrome, sciatica, status post spinal cord stimulator placement, sacroiliac joint pain, left hand pain, left foot pain, and fracture of the left foot/ankle associated with an industrial injury date of May 22, 2001. Medical records from 2010-2014 were reviewed. The patient complained of low back pain, rated 9/10 in severity. The pain was constant, aching, and sharp with associated numbness and tingling radiating down her bilateral lower extremities. Prolonged standing and sitting aggravated her pain. Physical examination showed tenderness over the bilateral buttocks and the lumbar paraspinal muscles at L4-L5 and L5-S1. Tenderness was also noted on the sacroiliac joints bilaterally. CT scan of the lumbar spine, dated August 8, 2011 showed L4-L5 severe bilateral facet arthropathy, annular bulge, degenerative anterolisthesis, status post left hemilaminectomy, moderate bilateral foraminal narrowing, and mild thecal sac narrowing, unchanged; and L5-S1 severe left facet arthropathy with mild left foraminal narrowing. Treatment to date has included medications, physical therapy, aquatic therapy, acupuncture, TENS unit, home exercise program, activity modification, lumbar laminectomy and discectomy, lumbar epidural steroid injections, lumbar nerve root blocks, lumbar facet blocks, lumbar radiofrequency ablation and neurectomy, bilateral sacroiliac joint injection, and spinal cord stimulator placement. Utilization review, dated May 1, 2014, denied the request of in office x-ray guided radiofrequency medial branch neurotomy at bilateral L4-L5 and L5-S1 because it was unclear if the claimant has had medial branch block in the past which established facet joint pain and there were no objective findings indicative of facet mediated pain including but not limited to facet tenderness and positive provocative tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

In office X-ray guided radiofrequency medial branch neurotomy at bilateral L4/5 and L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Low Back Procedure Summary, Criteria for use of facet joint radiofrequency neurotomy.

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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: As stated on pages 300-301 of the CA MTUS ACOEM Guidelines, there is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. Additionally, 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 (visual analog scale) score, and documented improvement in function. In this case, the patient complains of persistent low back pain radiating to the lower extremities. A medical report, dated May 4, 2011, states that the patient underwent a radiofrequency ablation and neurectomy of the L3, L4 and L5 levels which gave temporary relief but the pain always seemed to return. However, there was no discussion regarding percent and duration of pain relief from previous neurotomy. Furthermore, the medical records submitted for review failed to show objective evidence of analgesia and functional improvement derived from the procedure. The criteria have not been met. Therefore, the request for office x-ray guided radiofrequency medial branch neurotomy at bilateral L4/5 and L5/S1 is not medically necessary.