

Case Number:	CM14-0072472		
Date Assigned:	07/18/2014	Date of Injury:	08/18/1995
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas. 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 injured worker is a 64 year old female who reported an injury on 08/18/1995, caused by an unspecified mechanism. The injured worker's treatment history included medications, surgery, epidural steroid injections, MRI, physical therapy, and a TENS unit. Within the documentation, the provider noted that the injured worker has undergone lumbar epidural steroid injections on the right at L4-S1. The most recent transforaminal epidural steroid injection occurred on 05/02/2013. On the left, the injured worker underwent a lumbar epidural steroid injection at L4-5 and L5-1 on 02/11/2014. The injured worker underwent a radiofrequency lumbar facet neurotomy on 07/30/2013 on the left and 08/13/2013 on the right. The injured worker was evaluated on 04/28/2014, and it was documented that the injured worker had recurrent chronic low back pain associated with muscle spasms and stiffness in the lower lumbar spine area. The provider noted that the request was submitted for a radiofrequency bilateral lumbar facet neurotomy at the L4-5 level. The pain level was 8/10 to 9/10 and worsened on prolonged sitting, standing and walking for more than 10 to 15 minutes. The injured worker was noted to have bilateral lumbar facet hypertrophy on the MRI of the lumbar spine with posterolateral disc complexes. Physical examination revealed lumbar facet tenderness at L3-4, L4-5 and L5-S1; pain worsening with extension, side bending and rotation; limited lumbar range of motion; and no evidence of radiculopathy. The injured worker denied any pain to the lower extremities. The injured worker had a diagnostic medial branch block with more than 80% pain relief. The pain was felt to be clearly mechanical and axial in nature without evidence of radiculopathy. The injured worker has had more than 50% pain relief following previous radiofrequency neurotomy for up to 6 months. She participated in a formal plan of aggressive home exercise following the neurotomy. The diagnoses included bilateral lumbar facet syndrome, mechanical/axial low back pain, failed conservative therapies for pain control and prior radiofrequency treatment with more

than 50% pain relief lasting for more than 6 months in the past. The pain relief was also associated with a significant improvement in function and activities of daily living. The Request for Authorization dated for 05/05/2014 was for repeat bilateral radiofrequency lumbar facet neurotomy at L4-5. The rationale was for failed conservative therapies for pain control, prior radiofrequency treatment with more than 50% pain relief lasting for more than 6 months in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Bilateral Radio Frequency Lumbar Facet Neurotomy at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The ACOEM Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief of pain. 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 medial branch diagnostic blocks. The injured worker complained of recurrent chronic low back pain associated with muscle spasms and stiffness in the lower lumbar spine area. Within the documentation submitted, the provider noted that the injured worker has undergone several prior injections procedures, including epidurals, facet blocks and radiofrequency ablations; but there has been no change in her medication usage, and she continues to be prescribed opiate medications on an ongoing basis. The provider noted that the injured worker was benefiting from previous radiofrequency lumbar facet neurotomies; however, there was no evidence of long-term functional benefit from the prior radiofrequency procedures. In addition, the provider failed to indicate outcome measurements of prior physical therapy sessions and the home exercise regimen for the injured worker. Given the above, the request is not medically necessary and appropriate.