

Case Number:	CM14-0075335		
Date Assigned:	07/16/2014	Date of Injury:	08/19/2013
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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:

Patient is an injured worker with lumbar and thoracic back conditions. Date of injury was 08-19-2013. The mechanism injury was a fall striking his back. Pain management evaluation report dated May 20, 2014 was provided by [REDACTED] documented subjective complaints included bilateral thoracic back pain, bilateral low back pain, chronic headaches, head pain, and chronic left knee pain. Current medications included Tramadol, Norco, Motrin, Loratadine. Physical examination was documented. There is tenderness upon palpation of the thoracic and lumbar paraspinal muscles overlying the T12-L1, L1-L2, and L2-L3 facet joints. There is tenderness upon palpation of the pre-patellar region. Left knee range of motion is normal. There is no instability, Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion, Thoracic ranges of motion were restricted by pain in all directions. Thoracic extension was worse than thoracic flexion. Lumbar discogenic provocative maneuvers were negative bilaterally, Sacroiliac provocative maneuvers were negative bilaterally, Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in all limbs. Diagnoses were bilateral lumbar facet joint pain at T12-L1, L1-L2, L2-L3, lumbar facet joint arthropathy, thoracic facet joint pain, thoracic facet joint arthropathy, chronic low back pain, chronic thoracic back pain, chronic left knee pain, post-concussion syndrome, post-concussion headaches. Treatment recommendations included a request for fluoroscopically-guided diagnostic bilateral T12-L1 and L2-L3 facet joint medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic bilateral T2-L1 facet joint medial branch block QTY:2:
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): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy, Facet joint diagnostic blocks (injections).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiofrequency neurotomy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (pages 300-301) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Quality literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (pages 308-10) states that epidural injections for back pain without radiculopathy, trigger-point injections, ligamentous injections, and facet-joint injections are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) states that radiofrequency neurotomy and facet rhizotomy are not recommended. Official Disability Guidelines (ODG) state that regarding facet joint radiofrequency neurotomy, facet rhizotomy, radiofrequency medial branch neurotomy, radiofrequency ablation (RFA), studies have not demonstrated improved function with these procedures. Facet joint diagnostic blocks (injections) medial branch diagnostic blocks are recommended, if neurotomy is chosen as an option for treatment. Work Loss Data Institute guidelines for the low back state that facet joint radiofrequency neurotomy / facet rhizotomy is not recommended. Medical records document that diagnoses of bilateral lumbar facet joint pain at T12-L1, L1-L2 & L2-L3, lumbar facet joint arthropathy, thoracic facet joint pain, thoracic facet joint arthropathy, chronic low back pain, and chronic thoracic back pain. The request was for fluoroscopically-guided diagnostic bilateral T12-L1 and L2-L3 facet joint medial branch block. ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of radiofrequency neurotomy and facet rhizotomy. ODG guidelines state that facet joint medial branch diagnostic blocks are recommended, only if neurotomy is chosen as an option for treatment. Because ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of radiofrequency neurotomy or facet rhizotomy, per ODG guidelines, facet joint medial branch diagnostic blocks are not medically necessary. Therefore, the request for fluoroscopically guided diagnostic bilateral T12-L1 facet joint medial branch block QTY: 2 are not medically necessary.

Fluroscopically guided diagnostic bilateral L2-L3 facet joint medial branch block: 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): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy, Facet joint diagnostic blocks (injections).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiofrequency neurotomy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (pages 300-301) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Quality literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (pages 308-10) states that epidural injections for back pain without radiculopathy, trigger-point injections, ligamentous injections, and facet-joint injections are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) states that radiofrequency neurotomy and facet rhizotomy are not recommended. Official Disability Guidelines (ODG) state that regarding facet joint radiofrequency neurotomy, facet rhizotomy, radiofrequency medial branch neurotomy, radiofrequency ablation (RFA), studies have not demonstrated improved function with these procedures. Facet joint diagnostic blocks (injections) medial branch diagnostic blocks are recommended, if neurotomy is chosen as an option for treatment. Work Loss Data Institute guidelines for the low back state that facet joint radiofrequency neurotomy / facet rhizotomy is not recommended. Medical records document that diagnoses of bilateral lumbar facet joint pain at T12-L1, L1-L2 & L2-L3, lumbar facet joint arthropathy, thoracic facet joint pain, thoracic facet joint arthropathy, chronic low back pain, and chronic thoracic back pain. The request was for fluoroscopically-guided diagnostic bilateral T12-L1 and L2-L3 facet joint medial branch block. ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of radiofrequency neurotomy and facet rhizotomy. ODG guidelines state that facet joint medial branch diagnostic blocks are recommended, only if neurotomy is chosen as an option for treatment. Because ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of radiofrequency neurotomy or facet rhizotomy, per ODG guidelines, facet joint medial branch diagnostic blocks are not medically necessary. Therefore, the request for fluoroscopically guided diagnostic bilateral L2-L3 facet joint medial branch block is not medically necessary.