

Case Number:	CM14-0077028		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2012
Decision Date:	08/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 & 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 injured worker is a 52-year-old female with an injury on 05/15/2012 who reportedly sustained injury while pushing/shoving. The injured worker's treatment history included facet joint injections, medications, epidural steroid injections, magnetic resonance imaging (MRI) and physical therapy. The injured worker had undergone a lumbar epidural steroid injection and a bilateral L4-5 and L5-S1 intra-articular facet joint injection on 01/17/2014 with 85% improvement for several days and again on 03/28/2014. In the documentation the provider noted the injured worker underwent a bilateral L4-5 and L5-S1 intra-articular facet joint injection on 03/28/2014 and reported 100% relief for 5 to 7 days however, the pain fully returned to baseline level, and she complained of constant pain across the low back aggravated by static positioning and elevated by changing positions. The pain level was a 7/10. The injured worker was evaluated on 04/11/2014 and it was documented that the injured worker had pain across her lower back and VAS measurements were 70/100. Physical examination revealed reciprocal gait and normal lordosis. Active flexion and extension were with full range with pain and spasm across the low back at midrange. Extension was with rotation ipsilateral paramedian low back pain and spasm with rotation to either side. Deep tendon reflexes were 2/4 and symmetrical in the bilateral lower extremities. Muscle strength was 5/5 in the bilateral lower extremities. Sensation to light touch (L2 to S1) was normal. Spring maneuver and paraspinal palpation of the lumbar spine junction were moderate tender with spasm bilaterally. The treatment plan was for left L2, L3, L4, L5 medical branch radiofrequency denervation. The injured worker had undergone a bilateral lower lumbar intra-articular facet joint injection. Medications included Neurontin, Norco, Flexeril and Ultram. Diagnoses included chronic low back pain and lumbar spondylosis. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2,L3,L4,L5 Medical Branch Radio frequency Denervation with imaging guidance.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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

Decision rationale: The CA MTUS/ACEOM indicates that there is a quality medical literature demonstrating that radiofrequency neurotomy of the facet joint nerves in the cervical spine provides good temporary relief 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 medial branch diagnostic blocks. The injured worker has complained of low back pain that was constant aching, with occasional sharp stabbing pains, aggravated by static positioning and alleviated by changing positions. The provider documented the injured worker had undergone facet injections on 01/17/2014 and 03/28/2014 which decreased the injured worker's pain by 85% and 100%, however the pain level slowly returned to baseline level. The documentation submitted indicated the injured worker had conservative care however there was lack of evidence of conservative care outcome measurements of improvement noted. In addition, there were no long-term functional goals noted for the injured worker. Given the above, the request for the Left L2, L3, L4, L5 Medical Branch Radio frequency Denervation with imaging guidance is not medically necessary.