

Case Number:	CM14-0077168		
Date Assigned:	07/23/2014	Date of Injury:	08/18/2010
Decision Date:	09/03/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 Texas and Oklahoma. 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 46-year-old female who reported an injury on 08/18/2010 due to getting out of a vehicle where she pivoted and heard her knee pop. Diagnoses were lumbar discogenic disease, lumbar facet syndrome. Past treatments reported were chiropractic sessions, massage, home exercise, physical therapy, diagnostic medial branch blocks, and intra-articular injection to the left knee. Diagnostic studies were MRI of the knee. Past surgeries were left knee arthroscopy in 12/2010, and left knee arthroscopic procedure for scar tissue removal 07/29/2011. The injured worker had completed diagnostic medial branch blocks on 04/17/2014 with very satisfactory results. She stated that she was having no more spasms in the lower back and her lower back pain was almost totally resolved. The injured worker stated the pain in the lower back was extremely mild and intermittent without any radiation into the lower extremities. It was also reported that the injured worker was sleeping well at night and did not need as much pain medication except on rare occasions. Examination of the lumbar spine range of motion was improved and with less painful/restriction. The injured worker was able to toe and heel walk and the gait was mildly antalgic due to limp from the left knee pain. Straight leg raise was normal bilaterally, motor function of lower extremities 5/5. Reflexes were 2+ and sensory evaluation was symmetrical without deficits. Left knee examination revealed mild tenderness palpated along medial aspect along with some swelling. Crepitus was noted. Range of motion was normal with some guarding due to pain. Medications were Norco 10/325 mg 1 tablet every 4 to 6 hours as needed, Zanaflex 4 mg 1 tablet twice a day, and Celebrex 200 mg 1 tablet daily. Treatment plan was for radiofrequency lesioning. It was noted that it will definitely improve her functional capacity and decrease, if not eliminate, the injured worker's need for oral narcotic therapy. The request was for bilateral 2-level lumbar radiofrequency lesioning at the L4-5 and L5-S1 to be done as an outpatient. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral 2 level lumbar RF lesioning at L4/5 and L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Officially Disability Guidelines - LOW BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for bilateral 2 level lumbar radiofrequency lessening at L4-5 and L5-S1 is not medically necessary. The ACOEM Guidelines indicate that radiofrequency neurotomy is for the treatment of select patients with low back pain and is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of 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 Official Disability Guidelines indicate radiofrequency neurotomies are under study. However, the criteria for the use of diagnostic blocks if requested indicate that the patient should have facet mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. VAS scores for pain were not reported. The examination did not include findings of tenderness to palpation in the paravertebral area over the facet region. There was no report of sensory examination. Therefore, the request is not medically necessary.