

Case Number:	CM14-0092545		
Date Assigned:	09/22/2014	Date of Injury:	05/31/2012
Decision Date:	10/31/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/18/2014

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 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:

This 52 year-old patient sustained a low back injury on 5/31/12 while driving and hitting a bump in the road during employment with [REDACTED]. The request under consideration includes injection paravertebral facet joint, lumbar spine 1 level (bilateral L4-5, L5-S1 medial branch neurotomy with sedation). Conservative care has included medications, adjustments, therapy, injections/blocks, and modified activities/rest. The patient had undergone 3 level L3, L4, and L5 diagnostic medial branch blocks on 8/13/13 with local anesthetic, having sustained pain relief. Previous peer review noted discussion with provider and uncertainty if the patient has undergone previous lumbar facet radiofrequency/ neurotomy procedure. Report of 5/19/14 from the provider noted the patient with continued chronic lumbar axial backaches. Exam showed diffuse restricted lumbar range; recurrent myofascial strain; positive facet arthropathy features and absent reflex, sensory or motor deficits in lower extremity. The provider was unable to document if the patient had prior RFA and what percent pain relief or functional outcome resulted from previous procedures. Available MRI of lumbar spine dated 9/11/12 showed L4-5 and L5-S1 lumbar disc bulges with mild to moderate canal stenosis exacerbated by congenitally shortened pedicles with mild foraminal narrowing; L4-5 had mild facet arthropathy. The request(s) for Injection paravertebral facet joint, lumbar spine 1 level (bilateral L4-5, L5-S1 medial branch neurotomy with sedation) was non-certified on 6/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection paravertebral facet joint, lumbar spine 1 level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, pages 420-422

Decision rationale: The patient has undergone multiple previous medial branch blocks and questionable 3 level RFA in the lumbar spine for this 2012 injury involving hitting a bump on the road. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are presented here in terms of therapy or pharmacological treatment trial failure nor is there any new injury, acute flare-up, or progressive of clinical changes. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Additionally, MRI findings noted multilevel disc bulges and canal stenosis without severe significant facet arthropathy. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function to repeat procedures for this chronic injury of 2012. The Injection paravertebral facet joint, lumbar spine 1 level (bilateral L4-5, L5-S1 medial branch neurotomy with sedation) are not medically necessary and appropriate.