

Case Number:	CM14-0192242		
Date Assigned:	11/25/2014	Date of Injury:	10/15/2010
Decision Date:	01/27/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

57years old female injured worker with date of injury 10/15/00 with related low back and right knee pain. Per progress report dated 11/24/14, the injured worker complained of pain and discomfort in the lumbar spine that she described as aching in nature. The pain radiated into the lower extremity. She also complained of pain and discomfort in the right knee that she described as aching in nature. She reported aching sensation in the cervical spine and bilateral shoulders. She rated her pain level at 5/10 in the cervical spine and bilateral shoulders, 7/10 in the lumbar spine and 8/10 in the right knee. Per physical exam, there was tenderness to palpation over the cervical and lumbar spine. Straight leg raising test was positive. There was decreased dermatomal sensation noted over the S1 on the right. There was tenderness to palpation over the right knee. EMG/NCV study dated 8/21/14 revealed mild evidence of acute L5 radiculopathy on the right. MRI of the lumbar spine dated 8/21/14 revealed circumferential disc bulge at L3-S1, which impressed on the thecal sac, bilateral facet arthrosis, and moderate bilateral neural foraminal narrowing. Treatment to date has included physical therapy, Synvisc injection, epidural steroid injections, and medication management. The date of UR decision was 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 facet rhizotomy QTY: 1.00: Overturned

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

Decision rationale: Per MTUS ACOEM, "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. Per ODG with regard to facet joint radiofrequency neurotomy: "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." The ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The documentation submitted for review indicates that the injured worker was status post median branch nerve block at lumbar level bilateral L4-S1 1/25/13. The injured worker reported 90% overall improvement. The injured worker reported decrease in pain medication requirements, improved mobility, and improved sleep. The duration of the improvement was two weeks. I respectfully disagree with the UR physician's denial based upon evidence of radicular pain, per the citation above; this is not an exclusionary criteria for facet joint rhizotomy. It is an exclusionary criteria for facet joint diagnostic block. The request is medically necessary.

Bilateral L5-S1 facet rhizotomy QTY: 1.00: Overturned

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

Decision rationale: Per MTUS ACOEM, "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. Per ODG with regard to facet joint radiofrequency neurotomy:

"Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function."The ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.(3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function.(4) No more than two joint levels are to be performed at one time.(5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.The documentation submitted for review indicates that the injured worker was status post median branch nerve block at lumbar level bilateral L4-S1 1/25/13. The injured worker reported 90% overall improvement. The injured worker reported decrease in pain medication requirements, improved mobility, and improved sleep. The duration of the improvement was two weeks. I respectfully disagree with the UR physician's denial based upon evidence of radicular pain, per the citation above; this is not an exclusionary criteria for facet joint rhizotomy. It is a criteria for facet joint diagnostic block. The request is medically necessary.