

Case Number:	CM14-0203064		
Date Assigned:	01/28/2015	Date of Injury:	05/26/2009
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 62-year-old male with a date of injury of 5/26/2009. He has low back pain. Per pain management notes of 9/26/2011 there was constant low back pain stable since November 22, 2010 radiating into the buttocks and thigh but predominantly in the low back region. The pain level was 7/10. An MRI scan of the lumbar spine dated 11/13/2012 revealed mild multilevel degenerative disc disease of the lumbar spine with mild narrowing of the neural foramina at multiple levels, most pronounced at the left L5-S1 neural foramen which was mild/moderately narrowed. The assessment was bilateral L4 and left L5 and S1 radiculopathy, severe spinal stenosis L4-5 with AP diameter of 4 mm, L4-5 and L5-S1 disc herniations, bilateral facetogenic pain primarily emanating from the L4-5 and L5-S1 levels, and chronic bilateral sacroiliac joint dysfunction. On November 19, 2013 medial branch blocks were performed on the right side at L2, L3, L4, and a dorsal ramus nerve block was performed at L5 on the right. On 11/27/2013 a follow-up examination indicated that he continued to do well with the left radiofrequency lesioning. He had the right side medial branch nerve block on 11/19/2013 and it provided 80% relief for the duration of the anesthetic. On December 10, 2013 he underwent medial branch blocks at L2, L3, and L4 on the right side. He also underwent dorsal ramus nerve block at L5 on the right side. The documentation from January 8, 2014 indicates that he was doing well with the left radiofrequency lesioning. He had the second right medial branch nerve block last month with 80% relief. On March 5, 2014 he continued to do well with the left radiofrequency lesioning and was scheduled for a right radiofrequency lesioning on 4/15/2014. Per operative report of 4/15/2014 he underwent radiofrequency lesioning of medial branch nerve

L4, medial branch nerve L3, medial branch nerve at L2, L5 dorsal ramus nerve block and intraoperative fluoroscopy. The procedure was performed on the right side. Examination on 10/1/2014 revealed continuing back pain with some difficulty with transfers flexion of the lumbar spine was 70 and extension 15 due to pain. There was increased facet tenderness. Gait was moderately antalgic. Authorization was requested for radiofrequency lesioning on the left side at L3-S1 facet levels. The provider indicated that he would then likely need the right side done in the next few months. On 11/12/2014 his complaints included low back pain and shoulder pain the right side was the most severe. The request for radiofrequency facet ablation at L4, L5 and S1 on the right side was noncertified by utilization review on 11/18/2014 citing California MTUS guidelines and ODG guidelines. Repeat neurotomies should not occur at an interval of less than 6 months from the first procedure. RF neurotomies should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50%. Current literature does not support that the procedure is successful without sustained pain relief of at least 6 months duration. No more than 3 procedures should be performed in the years period. The operative report indicates that the procedure was performed on the right side on 4/15/2014. The progress notes indicate that the left side was to be requested on 10/1/2014 and the request for the right side was to be made at a future date in approximately 3 months. However, the request was made for the right side instead of the left. Guidelines require adequate diagnostic blocks for repeat neurotomies. There is no documentation that the patient had recent diagnostic blocks since the last procedure. Additionally, there is no documentation as to why anesthesia would be required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side radiofrequency lesioning at L4-L5 and S1 levels with fluoroscopy guidance and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter and Pain Chapter, Epidural Steroid Injections (ESIs)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation Section: Low Back, Topic:Facet Joint Radiofrequency Neurotomy

Decision rationale: California MTUS guidelines indicate that 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. The results in the lumbar region are mixed. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG guidelines require medial branch blocks also. When repeat neurotomies may be required they should not occur at an interval of less than 6 months from the first procedure. In neurotomy should not be repeated unless duration of relief on the first procedure is documented for at least 12 weeks at 50% or more 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 the year's period. No more than 2 joint levels are to be performed at one time. The requested procedure on the right side is at 3 joint levels. The repeat procedure was requested without the benefit of medial branch blocks. As such, the requested procedure is not supported by guidelines and the medical necessity is not substantiated.