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| Case Number: | CM14-0203388 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 08/05/2013 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 46-year-old man who sustained a work-related injury on August 5, 2013. Subsequently, the patient developed lower back pain. An MRI of the lumbar spine done on September 23, 2013 showed an eccentric disc protrusion at L4-5 with potential nerve root compression and lumbar facet disease. Treatment had consisted of medication, physical therapy, and epidural steroid injection (done on April 7, 2014), which improved his radicular and back pain by 30%. The patient underwent a lumbar medial branch blocks on July 14, 2014. In a progress report dated July 24, 2014, the patient reported that he had about a 40-50% improvement in his pain after his right L3-S1 MBB and that lasted about 4-5 hours. The patient stated that he has the same pain as prior to the injection. The pain is 75% bilateral lower back with radiation to the right greater than left groin and lateral leg to the calves. He also stated he continued to have bilateral testicular pain, with occasional spasms. The pain is described as stabbing, rated as an 8/10. He stated that pain medication improved the pain by 60%. Physical examination revealed tenderness at the paraspinous and S1 joint. There was mild muscle spasm. The lower peripheral vascular pulses are normal. The range of motion as restricted due to pain. Sensation ankle/foot was intact to light touch. Sensation of the lower leg was intact to light touch except lateral and posterior calves. There were 1-2+ deep tendon reflexes and positive Fabere's. the patient as diagnosed with lumbar spondylosis without myelopathy, lumbago, lumbar DDD, radiculitis, and lumbar HNP. The provider requested authorization for Bilateral L3-5 Medial Branch Radio-frequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 medial branch radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Facet Joint Radiofrequency Neurotomy

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

Decision rationale: According to MTUS guidelines, 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. There is no documentation of significant pain improvement with previous diagnosis medial branch block. There was only 40% pain reduction, which is below the 70% threshold required for positive diagnosis test. Therefore, the request for bilateral L3-5 medial branch radio-frequency is not medically necessary.