

Case Number:	CM14-0205860		
Date Assigned:	12/17/2014	Date of Injury:	03/27/2010
Decision Date:	02/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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 53-year-old male with a history of low back pain related to a work injury of 10/11/2004. The mechanism of injury was lifting a breathing apparatus up and over his head during a training exercise. The pain occasionally radiated to the buttocks and down both legs. An MRI scan of the lumbosacral spine dated 11/4/2004 revealed degenerative changes manifested by disc desiccation from L4 to S1. The degenerative changes were most pronounced at L4-5 with 1-2 mm retrolisthesis and facet arthropathy and thickening contributing to mild borderline spinal stenosis along the transverse dimensions of the thecal sac but no appreciable central canal stenosis was identified. An epidural steroid injection was reported to relieve his leg pain by 90%. On 6/2/2005 he underwent medial branch blocks at 3 levels including L3, L4, and L5 facet joints bilaterally using an initial injection of lidocaine followed by 1-2 cc of 0.25% bupivacaine at each level. A follow-up note of June 10, 2005 indicates 30% improvement from the medial branch blocks of the facet joints and 30% improvement previously from the epidural steroid injection. He was then treated for right knee issues in 2008 and underwent surgery on the right knee in 2009. An MRI scan of the lumbosacral spine dated 1/19/2010 revealed moderate loss of disc height and signal intensity with a 4-5 mm degenerative anterior spondylolisthesis of L4 on L5, severe facet and ligamentum flavum hypertrophy and severe canal stenosis which had increased since the previous exam. Redundant disc extruding into the neural foramina bilaterally with anterolisthesis and facet hypertrophy moderate to severely narrowed the left neural foramen impinging on the left L4 nerve root and mild to moderately narrowed the right neural foramen without nerve root impingement. On April 13, 2010 anterior discectomy and anterior/posterior

fusion at L4-5 level was performed. An AME of September 13, 2010 indicated that he was still using a brace and had intermittent pain for which he was taking Vicodin and Motrin. The disputed request pertains to authorization for bilateral L2, L3, and L4 facet radiofrequency ablation. This was non-certified by utilization review on 11/17/2014 citing MTUS and ODG guidelines. There was no documentation of recent medial branch blocks with the necessary results as specified in the ODG guidelines. This has now been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet joint diagnostic blocks (*injections)

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) Section: Low back; Topic

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 produces temporary relief of pain; however, similar quality literature does not exist regarding the same procedure in the lumbar region. The results are mixed. The guidelines also state that the procedures should only be performed after medial branch diagnostic blocks. ODG guidelines are very specific as to how the medial branch block is performed. The documentation submitted indicates 3 level medial branch blocks performed on June 2, 2005. The procedure was not performed according to guidelines in that too much anesthetic was injected at each level. 3 levels were done at the same time which is also not according to guidelines. The relief was 30% according to the notes dated June 10, 2005. This is not sufficient to warrant radiofrequency facet ablations. Furthermore, since that time a spinal fusion has been performed at L4-5 and a medial branch block cannot be performed at that level per guidelines. In order to determine if radiofrequency facet ablation will be effective, additional medial branch blocks will need to be performed at the levels above and below the fusion using proper technique and 0.25 cc of 1% lidocaine at each level but no bupivacaine. The degree of relief and the duration of relief needs to be documented. There should be no radicular pain present. No sedation should be utilized during the procedure. In the absence of such documentation with regard to diagnostic medial branch blocks, the request for lumbar facet radiofrequency ablation is not supported and the medical necessity is not substantiated.