

Case Number:	CM15-0101278		
Date Assigned:	06/03/2015	Date of Injury:	09/05/2002
Decision Date:	07/02/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/27/2015

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: Illinois, California, Texas
 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 59-year-old male who sustained an industrial injury on 9/5/02. The mechanism of injury was not documented. Past surgical history was positive for L4/5 laminectomy and discectomy in July 2000 and an L3/4 and L4/5 laminectomy and anterior and posterior fusion on 7/23/01. The 3/11/09 lumbar spine MRI findings documented degenerative disc disease and slight posterior element hypertrophy at L1/2 with grade 1 retrolisthesis. There appeared to be a small disc bulge eccentric to the left at this level that narrowed the lateral recesses, left more than right, and mild central canal narrowing. At L2/3, there was degenerative disc disease and posterior disc bulge as well as slight posterior element hypertrophy, appearing to result in mild to moderate central canal narrowing. The lateral recesses appeared narrowed and the neural foramen appeared slightly narrowed inferiorly. Multiple radiofrequency ablation procedures are noted in the records. Radiofrequency ablation at left L1, L2 and L3 was performed 6/4/08 and 8/22/12, and at left T12, L1, L2, L3, L4, and L5 on 4/28/11. The 9/3/13 agreed medical examiner report indicated that the injured worker had previously undergone radiofrequency neurotomies of the bilateral L1 to L3 and lumbar medial branch blocks for the L2/3 and L3/4 facet joints on three occasions. Each time he got a lot of relief for several months which allowed him to decrease his medications and be more active. The injured worker underwent bilateral L1, L2, and L3 radiofrequency neurotomy on 9/24/14. The 1/6/15 pain management report documented a 70% reduction in left sided pain following the recent radiofrequency ablation. He had less right sided pain but it was still bothersome. He reported that he had been able to increase activity by 50-60% since the procedure and his medication use was

helping with more pain coverage. The 5/5/15 treating physician report cited low back and left buttock pain, worse when standing and walking. The injured worker underwent bilateral L1, L2 and L3 medial branch nerve radiofrequency ablation on 9/24/2014 with greater than 70% relief of his back pain and his left buttock pain. The effect was starting to wear off. Pain was reported grade 5/10 currently, and ranged from grade 4-7/10. He described the pain as burning, stabbing and prickly. Physical exam revealed the injured worker to be cooperative and in no distress. Authorization was requested for bilateral lumbar medial branch nerve blocks and radiofrequency ablation of bilateral L1, L2 and L3 medial branch nerves. The 5/16/15 utilization review non-certified the request for radiofrequency ablation at L1, L2, and L3 medial branch nerves as guideline criteria were not met relative to prior response to radiofrequency ablation and absence of a specific conservative care program. The request for lumbar bilateral medial branch nerve block was non-certified as there was no indication that a diagnostic block was indicated at another level.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar bilateral medial branch nerve block: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The California MTUS guidelines do not recommend facet joint injections. The Official Disability Guidelines state that facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool, as there was minimal evidence for treatment. Given the absence of guideline support for the therapeutic use of medial branch blocks, this request is not medically necessary.

One (1) radiofrequency ablation bilateral L1, L2 and L3 medial branch nerves: Upheld

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

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 - Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Criteria

state that 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). 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. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with low back and left buttock pain. There were no current objective findings documented to evidence facet mediated pain or negate radiculopathy at these levels. A prior radiofrequency neurotomy was performed on 9/24/15 at bilateral L1, L2 and L3 with a report of 70% pain reduction in left buttock pain for several months and a 50-60% improvement in activity levels. There was no specific medication reduction documented but he reported that medications were more effective. There is no evidence of additional evidence based conservative care in addition to the requested facet joint therapy. Therefore, this request is not medically necessary.