

Case Number:	CM15-0103660		
Date Assigned:	06/08/2015	Date of Injury:	02/28/2009
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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: New Jersey, Alabama, 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 injured worker is a 51 year old female patient who sustained an industrial injury on 02/28/2009. A recent primary treating office visit dated 04/16/2015 reported the patient with subjective complaint of chronic low back pain in the setting of degenerative disc disease with radiculopathy and facet osteoarthritis. Current medications are: Thermacare EL, Norco 10/325mg, Voltaren gel, Gabapentin, and a diuretic. She reports the pain interferes severely with her daily activities and overall function. She is found using a cane to ambulate with a very antalgic gait. The lumbar spine has diffuse moderate to severe tenderness to palpation over lumbosacral region at L4-S1. There is a positive straight leg raising test, positive compression and Patrick's test along with a positive Lesague's test. The following diagnoses are applied: degeneration of thoracic or lumbar intervertebral disc; lumbago, other symptoms referable to back, and pain in joint pelvic region and thigh. The patient is to continue with conservative measure to include: use of heat, ice, rest and gentle stretching and exercise as tolerated. Continue with current medication regimen, return for follow up visit in one month. of note, there is pending authorization for bilateral facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy (<http://worklossdatainstitute.verioiponly.com/odgtwc/hip.htm#Sacroiliacjointradiofrequencyneurotomy>).

Decision rationale: According to ODG guidelines, "Sacroiliac joint radiofrequency neurotomy. Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure." The patient developed lumbar pain radiating to the lower extremities with reduced sensation following a radicular pattern. A lumbosacral radiculopathy cannot be excluded. The guidelines do not support facet injections in this context. Therefore, the request for bilateral facet joint injection at L4-5 and L5-S1 is not medically necessary.