

Case Number:	CM15-0160944		
Date Assigned:	08/27/2015	Date of Injury:	11/03/2008
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an industrial injury dated 11-03-2008. The injured worker's diagnoses include post laminectomy lumbar syndrome, psychogenic pain and lumbar disc displacement without myelopathy. Treatment consisted of electromyography (EMG), nerve conduction studies (NCS), Magnetic Resonance Imaging (MRI) of lumbar spine, prescribed medications, functional restoration program and periodic follow up visits. In a progress note dated 07-02-2015, the injured worker reported severe leg pain with difficulty standing and walking. The injured worker also reported usage of a cane and that he decreased his dosage of Norco from 5 tablets to 4 tablets. Objective findings revealed decreased sensation in the left L4, bilateral positive straight leg raises, and spasms and guarding of the lumbar spine. In a more recent progress note dated 07-29-2015, the injured worker presented for follow up with ongoing complaints of back and leg pain with associated leg numbness. Objective findings revealed a 5 out of 5 motor exam. Treatment plan consisted of facet ablation, functional restoration and follow up. The treating physician prescribed services for facet ablation, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with back and leg pain and leg numbness. The request is for FACET ABLATION. The request for authorization is not provided. The patient is status post L4-L5 fusion, 01/07/13. X-ray of the lumbar spine, 07/13/15, shows posterior decompression and L4-5 fusion with paired vertical rods, bilateral transpedicular screw and interbody cage is without evidence of hardware fracture or loosening; satisfactory alignment; mild adjacent intervertebral disc space narrowing at L3-4 and L5-S1 with endplate sclerosis and anterior osteophytic spurring. The vertebral body heights are maintained. Calcified atherosclerosis of the abdominal aorta, Physical examination of the lumbar spine reveals a well healed scar. Sensation is decreased in the dermatome left L4. Straight leg raise is positive on left and right. Spasm and guarding is noted lumbar spine. With his bilateral L3-4 and L5-S1 facet injections by [REDACTED] on 08/05/14, his lower back pain almost completely resolved for one day. He had approximately 30% relief of his back pain for one month. There was no change in his leg symptoms with the injections. Patient's medications include Cyclobenzaprine, Gabapentin, Ambien, Exalgo, Norco, Amlodipine, Atenolol, Glipizide, Losartan, Metformin, Pravastatin and Ranitidine. Per progress report dated 08/06/15, the patient remains on total temporary disability. ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: "Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A 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. No more than 3 procedures should be performed in a year's period. 3. 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. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." Per progress report dated 07/29/15, treater's reason for the request is "as recommended by [REDACTED]." The treater has discussed low back pain and documented improvement with prior MBB to requested levels. Given patient's positive response, a RFA would appear to be indicated. However, ODG requires for RFA when there is at least initial pain relief of 70% for the duration of the local anesthetic used. In this case, he had approximately 30% relief of his back pain for one month. Additionally, physical examination reveals straight leg raise is positive on left and right. A RFA is not recommended when radicular findings are present. Finally, the treater does not specify the levels to be injected. Therefore, the request IS NOT medically necessary.