

Case Number:	CM15-0161179		
Date Assigned:	08/28/2015	Date of Injury:	11/01/1990
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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:

This injured worker is a 65-year-old male who sustained an industrial injury on 11/01/90. Injury occurred when he was lifting steel steps used to wrap lettuce. He was diagnosed with a disc herniation and underwent laminectomy and discectomy, followed by an L4 to S1 fusion and subsequent revision fusion for non-union. The 7/13/15 treating physician report cited subjective periodic flares of low back pain that were quite uncomfortable for several days. He was in the middle of such a flare that had lasted longer than usual. Pain was localized to the lower back just above the fusion, over the L3/4 area. Fluoroscopy was performed and demonstrated robust intertransverse fusion with autologous bone and an interbody fusion at L5/S1. There was a wide decompression laminotomy and lateral recess decompression bilaterally. At L4/5, there was an anterior interbody fusion with pedicle screws and instrumentation, in addition to intertransverse autologous bone graft. Fusion appeared solid throughout. There was marked facet arthropathy appreciated at the L3/4 level and to a slightly lesser degree at L2/3. Physical exam documented pain provocation appreciated over L3/4 with posterior-anterior pressure applied to the posterior elements of the L3/4 segment. Concordant pain was reported with stress testing and intersegmental pressure applied to the L3/4 segment. A fluoroscopically guided L4/5 facet joint corticosteroid injection was performed with 100% symptomatic relief. A radiofrequency neurolysis was recommended as an option, and a second option would be to induce fibrogenesis of the facet joint capsule using osmotic proliferative injections. The 7/31/15 treating physician report indicated that the injured worker had improved back pain and on-going leg pain. The injured worker underwent bilateral L3/4 facet injections on 7/13/15 with greater than 90% relief of his back pain with continued relief without decrease in efficacy. This was considered diagnostic and he would now be a candidate for bilateral L3 facet radiofrequency medial branch

neurolysis to provide a greater duration of pain relief. Physical exam documented slight tenderness with palpation of the L3/4 facets. He was able to flex and extend more comfortably, with forward flexion 18 inches hands to floor, extension 20 degrees, and bilateral lateral flexion 30 degrees with no pain. The diagnosis was lumbago and left L4/5 and L5/S1 sciatica. Authorization was requested for bilateral L3/4 facet radiofrequency medial branch neurolysis. The 8/14/15 utilization review non-certified the request for bilateral 3 facet radiofrequency medial branch neurolysis as there was no evidence of any active care to be provided along with the neurolysis procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 facet radio frequency medial branch neurolysis: 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, Lumbar and Thoracic, Acute and Chronic, Facet Joint Radioneurotomy.

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 intra-articular injections (therapeutic blocks); 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. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of ? 70%. The pain response should last at least 2 hours for Lidocaine. Guidelines state that if successful (pain relief of at least 50% for a duration of at least 6 weeks) is achieved with a facet joint injection, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have not been met. This injured worker presented with a flare-up of his chronic low back pain. Clinical exam and imaging findings were consistent with facet mediated pain. A facet joint corticosteroid injection was performed at the L3/4 level with excellent sustained pain relief over 2 weeks. Guidelines would support proceeding to lumbar medial branch block at the L3/4 if the facet injection of 7/13/15 provided 50% pain relief for at least 6 weeks. Radiofrequency neurolysis is not supported at this time in the absence of a successful medial branch block. Additionally, there is no evidence of a formal plan of conservative treatment with the facet therapy. Therefore, this request is not medically necessary.