

Case Number:	CM15-0180251		
Date Assigned:	09/22/2015	Date of Injury:	03/16/2007
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 62-year-old male, with a reported date of injury of 03-16-2007. The diagnoses include possible lumbar discogenic pain, possible bilateral lumbar facet pain at L4-5 and L5-S1, and possible lumbar sprain and strain. Treatments and evaluation to date have included physical therapy, Naprosyn, Ultram, Ultracin, a TENS unit, home exercises, stretching, and a diagnostic lumbar facet medial nerve block on 07-21-2015. The diagnostic studies to date have included a urine toxicology screen on 07-17-2015 with consistent findings. The re-evaluation report dated 07-16-2015 indicates that the injured worker had an axial-type of lower back pain, which he rated 4-8 out of 10 without medications and with activities. It was noted that there was no evidence of radiculopathy. His low back pain was aggravated by prolonged sitting, standing, and activity involving the lower back. The treating physician indicated that the MRI of the lumbar spine showed hypertrophic facet changes with positive facet loading. The injured worker exhausted physical therapy and tried medications without significant lower back pain. The physical examination showed slight left-sided limping; painful lumbar extension; painful lumbar flexion; and painful lumbar lateral bending and rotation. It was recommended that the injured worker had a diagnostic bilateral L4-5 and L5-S1 lumbar facet medial nerve block. The injured worker had retired. There was documentation that the injured worker's lumbar facet medial nerve block on 07-21-2015 provided him with complete back pain relief. The treating physician requested a bilateral L4-5 and L5-S1 lumbar facet medial nerve radiofrequency with caudal epidural. On 08-17-2015, Utilization Review (UR) modified the request for a bilateral L4-5 and L5-S1 lumbar facet medial nerve radiofrequency with caudal epidural to a bilateral L4-5 and L5-S1 lumbar facet medial nerve radiofrequency only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 lumbar facet medial nerve radiofrequency with caudal epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Follow-up Visits, Special Studies, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for Bilateral L4-L5 and L5-S1 lumbar facet medial nerve radiofrequency with caudal epidural, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with lumbar pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Regarding the epidural portion of the request, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Unfortunately, there is no provision to modify the current request. As such, the currently requested Bilateral L4-L5 and L5-S1 lumbar facet medial nerve radiofrequency with caudal epidural is not medically necessary.