

Case Number:	CM15-0201999		
Date Assigned:	10/16/2015	Date of Injury:	09/04/2013
Decision Date:	12/02/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

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 43 year old male who sustained an industrial injury September 4, 2013. According to treating physician documentation dated June 19, 2015, the injured worker received a lumbar epidural steroid injection April 23, 2013, which provided 20% relief; a lumbar epidural steroid injection March 19, 2014, initially providing 100% relief for two weeks and then returned to baseline injury after a month or so. He had also received chiropractic therapy, physical therapy, trigger point injections and performs a home exercise program. Current medication included Nabumetone and Nucynta. According to a primary treating physician's progress report dated October 9, 2015, the injured worker presented with complaints of continued worsening and severe back pain, rated 8 out of 10 without medication and 7 out of 10 with medication. The pain radiates to the left foot and left thigh and aggravated by bending, daily activities, flexion, and sitting and relieved by ice and physical therapy. Added medication included ibuprofen and Naprosyn. Objective findings included; gait normal, spasm mild, tenderness noted paraspinal facet, pain over lumbar facet joints, worsened with loading maneuvers, active range of motion full but painful, extension-severe restriction. The physician further documented that EMG-NCS (electromyogram-nerve conduction studies) read as normal. Assessment is documented as other intervertebral disc degeneration, lumbosacral region; chronic pain due to trauma; low back pain; myalgia. At issue, is the request for authorization for radiofrequency lumbar-sacral at bilateral L3, L4, and L5. According to utilization review dated October 14, 2015, the request for Radiofrequency Lumbar-Sacral at bilateral L3, L4, and L5 level is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Lumbar/Sacral at Bilateral L3, L4, L5 Level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: Per MTUS ACOEM, "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region." Per ODG with regard to facet joint radiofrequency neurotomy: "Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." The ODG indicates that criteria for facet joint radiofrequency neurotomy are as follows: (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 the documentation submitted for review, it is noted that the injured worker underwent lumbar medial branch block 7/10/15 with 50% pain relief immediately after the procedure followed by 20% pain relief for 2-3 days. Per the guidelines: One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. As the criteria for diagnostic block was not met, the request is not medically necessary. Furthermore, the pain radiates to the left foot, and the injured worker had an ESI with 100% relief.