

Case Number:	CM15-0027991		
Date Assigned:	02/20/2015	Date of Injury:	08/16/2013
Decision Date:	03/26/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/13/2015

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, Arizona

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 35-year-old female who reported injury on 08/16/2013. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 02/06/2015. The documentation of 02/05/2015 revealed the injured worker had chronic low back pain, bilateral knee and bilateral hand pain. The injured worker indicated that she initially received 70% relief for a lumbar facet injection on 10/14/2014 which lasted for approximately 3 months. The injured worker indicated that she felt the injection had worn off and she was no longer experiencing analgesia. The injured worker indicated she would be interested in a radiofrequency ablation for the lumbar spine. The injection allowed the injured worker to walk for greater distances with decreased pain. The injured worker's medications were noted to include gabapentin 600 mg, pantoprazole 20 mg, nabumetone 500 mg, and tramadol/APAP 37.5/325 as well as acetaminophen, hydrocodone, and metronidazole. The request was made for a permanent lumbar facet injection at L4-5 and L5-S1 AKA radiofrequency ablation. The injured worker underwent an MRI of the lumbar spine. Prior therapies included medications and a functional restoration program. The diagnoses included sprain/strain of the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent lumbar facet injection L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Radiofrequency Neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as 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. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of a duration of relief from the first procedure 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). Additionally, the 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. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had a little bit less than 3 months of relief and 70% pain relief and the injection allowed the injured worker to walk for greater distances with decreased pain. However, there was a lack of documentation indicating the injured worker had a decrease in medications. There was a lack of documentation indicating the injured worker had a formal plan of additional evidence based conservative care. Given the above, the request for bilateral permanent lumbar facet injection L4-5, L5-S1 is not medically necessary.