

Case Number:	CM15-0043588		
Date Assigned:	03/13/2015	Date of Injury:	02/27/2012
Decision Date:	05/05/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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:

The injured worker is a 79-year-old female who sustained an industrial injury on 2/27/12, relative to a fall. Records documented a 4/18/12 lumbar spine MRI with central disc protrusions at L3/4, L4/5 and L5/S1 with grade 1 spondylolisthesis L5, degenerative disc disease, facet joint arthropathy, and moderate right L5 neuroforaminal stenosis. The injured worker underwent lumbar facet joint medial branch blocks at bilateral L3, L4, L5, and S1 on 10/30/14. The 1/23/15 treating physician report cited bilateral low back pain and left knee pain. She was status post bilateral L3/4 and L5/S1 facet joint medial branch block which provided 80% improvement for 30 minutes and lasted 2 hours. Current medications included hydrocodone and glucosamine sulfate. Physical exam documented lumbar paraspinal tenderness to palpation overlying the bilateral L3/4, L4/5, and L5/S1 facet joints. Lumbar range of motion was restricted by pain in all directions, extension was worse than flexion. Pressure at the sacral sulcus was positive bilaterally. The treating physician's requested authorization of a fluoroscopically guided bilateral L3/4 and L5/S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). The treatment plan included medications and activity modification. There was no evidence of home exercise program or other evidence-based functional restoration. The 2/11/15 utilization review non-certified the request for bilateral L3/4 and L5/S1 radiofrequency ablation as there was no evidence of a formal plane of evidence-based conservative treatment in addition to the radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided bilateral L3-L4 and bilateral L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy): 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 (ODG) Low Back (Lumbar & Thoracic) (Acute & Chronic).

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 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 neurotomy is under study. Treatment requires a diagnosis of facet joint pain using a medial branch block with initial pain relief of 70%, and pain response lasting at least 2 hours. Guidelines state there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Guideline criteria have not been fully met. This patient underwent bilateral L3/4 and L5/S1 diagnostic medial branch blocks on 10/30/14 with reported benefit of 80% improvement for 30 minutes, and relief lasted 2 hours. However, there is no evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. Therefore, this request is not medically necessary.