

Case Number:	CM15-0054414		
Date Assigned:	04/15/2015	Date of Injury:	04/23/1996
Decision Date:	05/08/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 4/23/96. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral neuritis NOS; lumbar radiculopathy; lumbar spondylosis; migraine headache; anxiety; knee osteoarthritis; sacroiliitis. Treatment to date has included epidural steroid injection right L3-4 and L5-S1 (3/13/14). Currently, the PR-2 notes dated 3/2/15 indicate the injured worker complains of chronic low back pain. Intra-articular facet injections bilaterally at L4/5 and L5/S1 were done on 1/8/15. The injured worker then had bilateral medial branch blocks (MMB) at L4/5 and L5/S1 on 2/19/15. There was reported no change in the pain on the left but 70% improved pain level on the right. The treatment plan indicates the pain is likely to be mechanical, neuropathic, and radicular in nature. The provider has requested Radiofrequency lesioning rhizotomy to right lumbar at L3-4 L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning rhizotomy to right lumbar at L3-4 L4-5 and L5-S1: 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): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet Block Rhizotomy.

Decision rationale: Pursuant to the Official Disability Guidelines, radiofrequency rhizotomy right lumbar L3-L4, L4-L5 and L5-S1 is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six 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 greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than two joint levels are to be performed at one time. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time. And there should be evidence of a formal plan of additional evidence-based conservative care in addition to fast joint therapy. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar spondylosis/degenerative disc disease; migraine headaches; knee osteoarthritis/hip osteoarthritis/acroiliitis. Utilization review physician indicated prior intra-articular facet injections and bilateral L4-L5 and L5-S1 were provided on January 8, 2015. Subsequently, diagnostic medial branch blocks were performed for the corresponding L4 - L5 and L5 - S1 facet joints on February 19, 2015. Diagnostic medial branch blocks are much more specific than intra-articular facet injections for diagnosing facetogenic pain. Current literature supports using low volumes of local anesthetics when performing diagnostic medial branch blocks not to exceed more than 0.5 mL per medial branch blocks. The provider injected 1.5 ML's of a 3 ML 0.5% Bupivacain and steroid. The volume of local anesthetic was in excess of that supported by the current literature. The guidelines state no more than two facet joint levels are injected in one session. The treating physician requested right lumbar L3-L4, L4-L5 and L5-S1. This amounts to three levels to be injected at one session. Consequently, absent guideline recommendations for injecting three joint levels (L3-L4, L4-L5 and L5-S1) with volumes of local anesthetics exceeding the recommended guidelines (per utilization review), radiofrequency rhizotomy right lumbar L3-L4, L4-L5 and L5-S1 is not medically necessary.