

Case Number:	CM14-0116678		
Date Assigned:	08/04/2014	Date of Injury:	07/23/2007
Decision Date:	10/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported injury on 07/23/2007. The mechanism of injury was not provided. The injured worker's diagnoses included bilateral lumbar facet syndrome, mechanical low back pain, status post lumbar laminectomy L4-5 level, and status post diagnostic lumbar facet injection with positive results. The injured worker's past treatments included diagnostic bilateral lumbar facet injection, physical therapy, medications, and surgery. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included ESI to L4-5 and L5-S1 on 01/20/2014, facet intra-articular injection under fluoroscopy to L2-3 and L3-4 on 04/29/2014, radiofrequency right lumbar facet neurotomy at L1-2, L2-3, and L3-4 under fluoroscopy on 06/27/2014, radiofrequency left lumbar facet neurotomy at L1-2, L2-3, L3-4 under fluoroscopy on 07/14/2014, and lumbar laminectomy surgery at L4-5 on an unknown date. On the clinical note dated 06/12/2014, the injured worker complained of low back pain rated 7/10 to 10/10. The injured worker had limited range of motion to the lumbar spine, no evidence of lumbar radiculopathy noted, bilateral lumbar facet tenderness at L4-5 and L5-S1, and lumbar spine tenderness from L3 to L5 bilaterally. The injured worker's medications included Roxicodone 5 mg 1 to 2 three times daily as needed, Flexeril 5 mg 2 daily for muscle spasms, and Lidoderm patch 5%. The request was for radiofrequency bilateral lumbar facet neurotomy (medical branch neurotomy) at L2-3, L3-4 levels under fluoroscopy done on 2 dates of service, 10 to 14 days apart. The rationale for the request was not submitted for review. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency bilateral lumbar facet neurotomy (medical branch neurotomy) at L2-L3, L3-L4 levels under fluroscopy done on 2 DOS 10-14 days apart: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint radiofrequency neurotomy, Criteria for use of facet joint radiofrequency neurotomy; ODG Low Back, Facet joint diagnostic blocks (injections), Criteria for use of diagnostic blocks for facet "mediated" pain;

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) LOW BACK, Facet joint radiofrequency neurotomy.

Decision rationale: The request for Radiofrequency bilateral lumbar facet neurotomy (medical branch neurotomy) at L2-L3, L3-L4 levels under fluoroscopy done on 2 DOS 10-14 days apart is not medically necessary. The injured worker is diagnosed with bilateral lumbar facet syndrome, mechanical low back pain, status post lumbar laminectomy at L4-5 level, and status post diagnostic lumbar facet injection with positive results. The injured worker complains of low back pain rated 7/10 to 10/10. The California MTUS Guidelines state facet joint radiofrequency neurotomy is under study. The criteria for use of facet joint radiofrequency neurotomy is treatment requires a diagnosis of facet joint pain using a medial branch block as described above. 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 greater than 50% relief. 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 years' period. Approval of repeat neurotomy depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neural blockade, these should be performed at intervals of no sooner than 1 week and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The injured worker had radiofrequency right lumbar facet neurotomy at L1-2, L2-3, and L3-4 on 06/27/2014, and radiofrequency left lumbar facet neurotomy at L1-2, L2-3, and L3-4 on 07/14/2014. The guidelines recommend repeats should not occur at an interval of less than 6 months from the first procedure. There is a lack of documentation of efficacy of the procedures that were performed on 06/27/2014 and 07/14/2014. There is a lack of documentation of medial branch block efficacy. There is a lack of documentation of improved VAS score, improved decrease in medication, and improvement in function. As such, the request for Radiofrequency bilateral lumbar facet neurotomy (medical branch neurotomy) at L2-L3, L3-L4 levels under fluoroscopy done on 2 DOS 10-14 days apart is not medically necessary.