

Case Number:	CM14-0118350		
Date Assigned:	08/06/2014	Date of Injury:	09/21/1999
Decision Date:	10/20/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal Medicine 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 patient is an injured worker with lumbosacral back conditions. Date of injury was 09-21-1999. Pain management report dated 6/19/14 documented a history of chronic low back pain and right leg pain, bilateral shoulder pain, neck pain to shoulders hand, and chronic knee pain. Subjective complaints were low back, leg, shoulder, and neck pain. Physical examination findings included low back pain, right radicular pain, right lower extremity weakness. Diagnoses included low back pain with radiculopathy, degenerative disc disease, lumbar spondylosis, neck pain, and cervical spondylosis. Treatment plan included a request for right L23 L45 MB medial branch RFA radiofrequency ablation. MRI of the lumbar spine was performed 3/11/14. L2-3 was normal. At L3-4, there is 2.0 mm posterior disc bulging with mild right- greater than left-sided ligamentous thickening / facet arthropathy resulting in mild right lateral recess stenosis. At L4-5, there is 2.5 mm broad-based posterior disc bulging with mild right- greater than left-sided ligamentous thickening / facet prominence resulting in mild right lateral recess stenosis. Mild right L4 foraminal narrowing is noted. At L5-S1, there is accentuated 3 mm midline posterior disc protrusion without impingement. Mild bilateral facet prominence is noted. Mild right lateral recess stenosis is shown at both L3-4 and L4-5, attributable at each left to relatively mild right lateralizing disc bulging with compounding right- greater than left-sided ligamentous thickening / facet arthropathy. At L1-2, there is 2.5 mm posterior disc bulging without impingement. Mild right L4 and mild left L5 foraminal narrowing is present. Utilization review determination date was 7/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-3 L4-5 Medial branches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310, 333-796. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiofrequency neurotomy and facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (pages 300-301) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Quality literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (pages 308-10) states that epidural injections for back pain without radiculopathy, trigger-point injections, ligamentous injections, and facet-joint injections are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) states that radiofrequency neurotomy, neurotomy, and facet Rhizotomy is not recommended. Official Disability Guidelines (ODG) state that regarding facet joint radiofrequency neurotomy, facet Rhizotomy, radiofrequency medial branch neurotomy, radiofrequency ablation (RFA), studies have not demonstrated improved function with these procedures. Work Loss Data Institute guidelines for the low back state that facet joint radiofrequency neurotomy / facet Rhizotomy is not recommended. The pain management report dated 6/19/14 documented a history of chronic low back pain. Physical examination findings included low back pain, right radicular pain, right lower extremity weakness. Diagnoses included low back pain with radiculopathy, degenerative disc disease, and lumbar spondylosis. MRI of the lumbar spine was performed 3/11/14. Right L23 L45 MB medial branch RFA radiofrequency ablation was requested. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of lumbar radiofrequency ablation (RFA) medial branch neurotomy. Therefore, the request for Right L2-3 L4-5 Medial branches is not medically necessary.