

Case Number:	CM14-0160932		
Date Assigned:	10/06/2014	Date of Injury:	02/01/2004
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopedic Surgery, 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 claimant is a 43 year old female who reported bilateral lower neck pain as a result of an injury on 02/0/104. The medical records provided for review documented diagnoses to include bilateral lumbar facet joint pain L4-5 and L5-S1, lumbar facet arthropathy, chronic C7 radiculopathy, bilateral ulnar neuropathy, right cervical disc protrusion, cervical stenosis, right shoulder rotator cuff bursitis and impingement, and bilateral lateral epicondylitis. The claimant's surgical history documented a right ulnar release, date not known. The EMG/NCV performed on 07/10/13 showed evidence of left S1 radiculopathy but no evidence of plexopathy or peripheral neuropathy of the lower extremities. The bilateral peroneal and sural nerves were within normal limits. A lumbar diagnostic facet joint medial branch block was performed at six levels including the right and left L4 facet, right and left L5 facet, and right and left S1 facet on 4/17/14. The claimant reported 70 percent improvement of her bilateral back pain with improved lumbar range of motion thirty minutes following the procedure that lasted for greater than two hours. The office note dated 07/08/14 did not specifically address her low back complaints and pathology. The pertinent office note with regard to the low back pain and pathology dated 06/10/14 noted that the claimant was status post diagnostic bilateral L4-5 and L5-S1 medial branch blocks and utilizing Lidoderm Patches, Temazepam for sleep, and Norco. It was noted that she also attempted Nucynta, Motrin, Vicodin, Neurontin, Darvocet, Lyrica, and Celexa. Physical examination showed tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-5 and L5-S1 facet joints. Lumbar extension was worse than lumbar flexion. Nerve root tension signs were negative bilaterally. She had 5/5 strength in all limbs with the exception of the right upper extremity. She was given a diagnosis of status post fluoroscopic-guided, bilateral L4-5 and L5-S1 lumbar facet joint rhizotomy, bilateral lumbar facet joint pain at L4-5 and L5-S1, and lumbar facet arthropathy. This review is for multiple

requests including fluoroscopic-guided left L4-5 and L5-S1 facet joint radiofrequency nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided left L4-L5, L5-S1 facet joint radiofrequency nerve ablation:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Pulsed radiofrequency treatment Page(s): 102.

Decision rationale: California ACOEM Guidelines recommend that invasive techniques such as facet joint injections of Cortisone and Lidocaine are of questionable merit. The Chronic Pain Guidelines do not recommend pulsed radiofrequency treatment as medically necessary. The Official Disability Guidelines note that while repeat neurotomies may be required, they should not occur at an interval less than six months from the first procedure and should not be repeated unless the duration of relief from the first procedure is documented for at least twelve weeks at greater than or equal to 50 percent. In addition, there should be evidence of a formal plan of additional evidence-based conservative care in conjunction with facet joint therapy. The documentation provided for review fails to establish that the claimant received at least twelve weeks of relief at greater than or equal to 50 percent following the first procedure. The documentation revealed that the claimant has minimal abnormal objective findings on examination from recent office visits identifying that the claimant has ongoing complaints of facet joint pain at the requested levels. Documentation presented for review fails to support the medical necessity of the requested fluoroscopic-guided left L4-5 and L5-S1 facet joint radiofrequency nerve ablation and subsequently cannot be considered medically necessary.

Fluoroscopically guided right L4-L5, L5-S1 facet joint radiofrequency nerve ablation:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Low Back chapter: Facet joint radiofrequency neurotomy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Facet joint radiofrequency neurotomy

Decision rationale: California ACOEM Guidelines recommend that invasive techniques such as facet joint injections of Cortisone and Lidocaine are of questionable merit. The Chronic Pain

Guidelines do not recommend pulsed radiofrequency treatment as medically necessary. The Official Disability Guidelines note that while repeat neurotomies may be required, they should not occur at an interval less than six months from the first procedure and should not be repeated unless the duration of relief from the first procedure is documented for at least twelve weeks at greater than or equal to 50 percent. In addition, there should be evidence of a formal plan of additional evidence-based conservative care in conjunction with facet joint therapy. The documentation provided for review fails to establish that the claimant received at least twelve weeks of relief at greater than or equal to 50 percent following the first procedure. The documentation revealed that the claimant has minimal abnormal objective findings on examination from recent office visits identifying that the claimant has ongoing complaints of facet joint pain at the requested levels. Documentation presented for review fails to support the medical necessity of the requested fluoroscopic-guided left L4-5 and L5-S1 facet joint radiofrequency nerve ablation and subsequently cannot be considered medically necessary.