

Case Number:	CM14-0077155		
Date Assigned:	07/25/2014	Date of Injury:	02/02/2006
Decision Date:	10/03/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old male with a 2/2/06 date of injury. At the time (4/30/14) of request for authorization for percutaneous facet injection denervation bilateral L3-4, L4-5, L5-S1, S2-3, with fluoroscopic guidance, there is documentation of subjective (low back pain) and objective (restricted lumbar spine range of motion due to pain, paravertebral muscle spasms and tenderness, tenderness at L4 and L5 facet and positive Gaenslen's, positive lumbar facet loading, negative straight leg raise, positive Faber, and tenderness over the right sacroiliac joint, positive Kemp, extension, side bending, and rotation to the right is painful) findings, current diagnoses (lumbar compression fracture, lumbar facet syndrome, sciatica, lumbar or lumbosacral disc degeneration, sacroiliac pain and sacroilitis), and treatment to date (medications and diagnostic medial branch block (reported as very successful), and lumbar radiofrequency ablation (reported that this did not result in appreciable decrease in pain and that patient had 2 weeks of post procedural pain)). 10/21/13 medical report identifies a request for sacroiliac joint injection (right sacroiliac joint radiofrequency ablation). There is no documentation of at least 12 weeks at 50% relief, documented improvement in VAS score, decreased medications and documented improvement in function, a diagnostic medial branch blocks with a response of 70%, and that no more than two joint levels will be performed at one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Facet Injection Denervation Bilateral L3-4, L4-5, L5-S1, S2-3, with Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) 11th edition, Low Back, Facet joint radiofrequency neurotomy

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 Chapter, Facet joint radiofrequency neurotomy; Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. In addition, ODG identifies documentation of at least 12 weeks at 50% relief, adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function as criteria necessary to support the medical necessity of a repeat facet neurotomy. Furthermore, ODG identifies that sacroiliac joint radiofrequency neurotomy is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar compression fracture, lumbar facet syndrome, sciatica, lumbar or lumbosacral disc degeneration, sacroiliac pain and sacroilitis. In addition, there is documentation of a prior lumbar radiofrequency ablation. However, given documentation that prior lumbar radiofrequency ablation did not result in appreciable decrease in pain and that patient had 2 weeks of post procedural pain, there is no documentation of at least 12 weeks at 50% relief, documented improvement in VAS score, decreased medications and documented improvement in function. In addition, despite non-specific documentation of a very successful diagnostic medial branch block, there is no documentation of a diagnostic medial branch blocks with a response of 70%. Furthermore, given that the request is for percutaneous facet injection denervation bilateral L3-4, L4-5, L5-S1, S2-3, there is no documentation that no more than two joint levels will be performed at one time. Therefore, based on guidelines and a review of the evidence, the request for percutaneous facet injection denervation bilateral L3-4, L4-5, L5-S1, S2-3, with fluoroscopic guidance is not medically necessary.