

Case Number:	CM14-0096476		
Date Assigned:	09/15/2014	Date of Injury:	03/21/2003
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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:

According to the records made available for review, this is a 62-year-old male with a 3/21/03 date of injury, and status post anterior cervical discectomy and fusion C3-4 and posterior laminar fusion and plates C5, 6, 7 in 2010. At the time (6/6/14) of request for authorization for Radiofrequency Lesioning To The Left L3, L4, L5 To Cover The Left L4-L5 Adn The Left L5-S1 Facet Joints Under Fluoroscopic Guidance, there is documentation of subjective (bilateral lower back pain and lower back stiffness, pain rated 5/10) and objective (positive facet loading test bilaterally and worse on the left, spine extension restricted and painful, and antalgic gait) findings, current diagnoses (other chronic postoperative pain, lumbosacral spondylosis without myelopathy, postlaminectomy syndrome cervical region, persistent disorder of initiating or maintain sleep, cervical spondylosis without myelopathy, insomnia, and obesity), and treatment to date (medial branch block L3, L4, L5 on 4/25/14 (initial pain diary shows poor response, however he states he wasn't sure if he filled it out right and on 6/6/14 patient reports lower back pain decreased by 75% after medial branch block) and medications (including ongoing treatment with Tramadol)). Medical report identifies a plan to continue Tramadol and states there is a formal plan of rehabilitation discussed with the patient including printed information given to the patient for an independent exercise program on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY LESIONING TO THE LEFT L3, L4, L5 TO COVER THE LEFT L4-L5 AND THE LEFT L5-S1 FACET JOINTS UNDER FLUORIOSCOPIC GUIDANCE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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

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. Within the medical information available for review, there is documentation of diagnoses of other chronic postoperative pain, lumbosacral spondylosis without myelopathy, postlaminectomy syndrome cervical region, persistent disorder of initiating or maintain sleep, cervical spondylosis without myelopathy, insomnia, and obesity. In addition, given documentation of a medial branch block L3, L4, L5 on 4/25/14 with back pain decreased by 75% after medial branch block, there is documentation of at least one set of diagnostic medial branch blocks with a response of 70%. Furthermore, given documentation of the requested Radiofrequency Lesioning To The Left L3, L4, L5 To Cover The Left L4-L5 And The Left L5-S1 Facet Joints, there is documentation that no more than two joint levels will be performed at one time. Moreover, given documentation of a plan to continue Tramadol and a statement that a formal plan of rehabilitation was discussed with the patient including printed information given to the patient for an independent exercise program on a daily basis, there is documentation of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, based on guidelines and a review of the evidence, the request for radiofrequency lesioning to the left L3, L4, L5 to cover the left L4-L5 and the left L5-S1 facet joints under fluoroscopic guidance is medically necessary.