

Case Number:	CM14-0213433		
Date Assigned:	12/30/2014	Date of Injury:	12/19/2012
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 a 42-year-old male who has submitted a claim for lumbar disc disease, lumbosacral disc disease, and lumbar thoracic radiculitis associated with an industrial injury date of 12/19/2012. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities associated with numbness and tingling sensation. Physical examination of the lumbar spine showed limited motion on all planes, tenderness over the lumbosacral junction, mild lumbar paraspinal musculature tenderness, positive straight leg raise test at the right, normoreflexia bilaterally, intact sensation and normal motor strength. The EMG/NCV study of bilateral lower extremities, dated 5/6/2014, showed active right L5 radiculopathy and bilateral S1 radiculopathy. The MRI of the lumbar spine, dated 2/14/2013, demonstrated multilevel broad-based disc bulge, ligamentum hypertrophy resulting in bilateral neural foraminal narrowing, and facet arthrosis. Treatment to date has included diagnostic right L4, right L5, right S1, left L4, left L5 and left S1 lumbar facet medial nerve blocks on 11/11/2014 (resulting to 75% pain relief), caudal epidural steroid injection, acupuncture, chiropractic care, physical therapy, sacroiliac injection, TENS unit and medications. The utilization review from 11/25/2014 certified the request for bilateral L4-5 and L5-S1 lumbar facet medial nerve radiofrequency because of favorable response from the previous diagnostic block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 lumbar facet medial nerve radiofrequency: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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, Facet Joint Radiofrequency Neurotomy

Decision rationale: As stated on pages 300-301 of the CA MTUS ACOEM Guidelines, there is lack of good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the lumbar spine provides good temporary relief of pain. The Official Disability Guidelines criteria for radiofrequency ablation (RFA) include at least one set of diagnostic medial branch blocks with a response of 70% (pain response should last at least 2 hours for Lidocaine), no more than two joint levels will be performed at one time, a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the patient had persistent low back pain radiating to bilateral lower extremities associated with numbness and tingling sensation. Physical examination of the lumbar spine showed limited motion on all planes, tenderness over the lumbosacral junction, mild lumbar paraspinal musculature tenderness, positive straight leg raise test at the right, normoreflexia bilaterally, intact sensation and normal motor strength. The EMG/NCV study of bilateral lower extremities, dated 5/6/2014, showed active right L5 radiculopathy and bilateral S1 radiculopathy. The MRI of the lumbar spine, dated 2/14/2013, demonstrated multilevel broad-based disc bulge, ligamentum hypertrophy resulting in bilateral neural foraminal narrowing, and facet arthrosis. Symptoms persisted despite caudal epidural steroid injection, acupuncture, chiropractic care, physical therapy, TENS unit and medications. The patient recently underwent diagnostic right L4, right L5, right S1, left L4, left L5 and left S1 lumbar facet medial nerve blocks on 11/11/2014 resulting to 75% pain relief. There is favorable response attained from diagnostic medial branch block hence RFA is a reasonable treatment option at this time. However, the utilization review from 11/25/2014 has already certified the request. Therefore, the request for bilateral L4-5 and L5-S1 lumbar facet medial nerve radiofrequency is not medically necessary.