

Case Number:	CM14-0215012		
Date Assigned:	01/07/2015	Date of Injury:	04/22/2011
Decision Date:	02/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 59 year old employee with date of injury of 4/22/11. Medical records indicate the patient is undergoing treatment for hypertension; rule out cervical radiculopathy; MRI finding of disc protrusions at L3-L4; L4-L5 and L5-S1; facet arthropathy: L4-L5 and L5-S1 bilaterally, confirmed by medial branch nerve blocks; AC separation; lumbago. Subjective complaints include low back pain and neck pain. Her pain in the lower back gets worse with bending, lifting and twisting. She had a medial branch nerve block in the lumbar spine (6/25/14) at L4-L5 bilaterally and she received 80% relief for two hours. She does not get relief with Naprosyn or Ibuprofen. Objective findings include tenderness over the L4-L5, L5-S1 facet area bilaterally. Facet loading is positive for pain in the lower lumbar region. Straight leg raise is negative and she has paracervical muscle tenderness. The following tests are negative on the left: McMurray's, reverse pivot, Lachman's Anterior and posterior drawer, patellofemoral crepitus. The pivot shift test is positive on the right with pain. Treatment has consisted of Celebrex; nerve blocks. The utilization review determination was rendered on 11/20/14 recommending non-certification of radiofrequency ablation of the facet joints in the lumbar area on the left side at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation of the facet joints in the lumbar area on the left side at L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Facet joint radiofrequency neurotomy

Decision rationale: ODG states, Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS (visual analog scale) score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. ODG states that treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). The last injection was done with a steroid which is a therapeutic block not a diagnostic block. As such, the request for radiofrequency ablation of the facet joints in the lumbar area on the left side at L4-L5 and L5-S1 are not medically necessary at this time.