

Case Number:	CM14-0217116		
Date Assigned:	01/07/2015	Date of Injury:	04/02/2010
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: Orthopedic Surgery, Sports Medicine

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 injured worker is a 49-year-old male who reported injury on 04/02/2010. The mechanism of injury was not provided. The injured worker was noted to undergo treatments for the cervical spine including a cervical facet medial branch nerve injection and rhizotomy. Documentation indicated the injured worker had previously undergone a radiofrequency rhizotomy on 08/11/2012, which gave him 50% to 80% overall improvement. The documentation of 11/18/2014 revealed the injured worker had low back pain radiating down the left lower extremity. The pain was accompanied by numbness in the left lower extremity to the level of the foot. The injured worker indicated he had good functional improvement including concentration in his mood and improved mobility and sleep. The duration of improvement was 2 years. Physical examination revealed the injured worker had facet signs present in the lumbar spine. The sensory examination revealed decreased sensation to touch along the L4-S1 dermatome in the left lower extremity. The motor examination revealed decreased strength of the extensor muscles along the L4-S1 dermatome in the lower extremity. The injured worker was noted to undergo an MRI of the lumbar spine without contrast on 04/12/2012 which revealed disc and facet disease at L4-5 and L5-S1. There was trace bilateral neural foraminal narrowing at L4-5. There was possible unilateral PARS defect on the right at L5. It was indicated there was no spondylosis and that this could be better assessed with CT or plain films if clinically indicated. Diagnoses included lumbar disc degeneration, lumbar facet arthropathy, and lumbar radiculopathy. The treatment plan included facet rhizotomies. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 facet rhizotomy Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of a duration of relief from the first procedure 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. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had a decrease in pain, objective benefit and the duration was 2 years. However, there was a lack of documentation indicating the injured worker had decreased medication. There was a lack of documentation of a formal plan of therapy in addition to facet joint therapy. Given the above, the request for right L4-L5 facet rhizotomy qty: 1.00 is not medically necessary.

Right L5-S1 facet rhizotomy Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of a duration of relief from the first procedure 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. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had a decrease in pain, objective benefit and the duration was 2 years. However, there was a lack of documentation indicating the injured worker had decreased medication. There was a lack of documentation of a formal plan of therapy in addition to facet joint therapy. Given the above, the request for right L5-S1 facet rhizotomy qty: 1.00 is not medically necessary.

Left L4-L5 facet rhizotomy Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar

region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of duration of relief from the first procedure 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. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had a decrease in pain, objective benefit and the duration was 2 years. However, there was a lack of documentation indicating the injured worker had decreased medication. There was a lack of documentation of a formal plan of therapy in addition to facet joint therapy. Given the above, the request for left L4-L5 facet rhizotomy qty: 1.00 is not medically necessary.

Left L5-S1 facet rhizotomy Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that radiofrequency neurotomy for the treatment of select patients with low back pain is recommended as there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines indicate radiofrequency neurotomies are under study. However the criteria for the use of diagnostic blocks if requested indicates that the patient should have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2

levels bilaterally. The Official Disability Guidelines recommends for repeat neurotomies that the patient had documentation of duration of relief from the first procedure 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. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Also, there should be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had a decrease in pain, objective benefit and the duration was 2 years. However, there was a lack of documentation indicating the injured worker had decreased medication. There was a lack of documentation of a formal plan of therapy in addition to facet joint therapy. Given the above, the request for left L5-S1 facet rhizotomy qty: 1.00 is not medically necessary.

Associated surgical service: Flexeril 5mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Page(s): 63.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.