

Case Number:	CM14-0218502		
Date Assigned:	01/08/2015	Date of Injury:	11/13/2010
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female sustained an industrial related injury on 11/13/2010. The mechanism of injury was not provided. Per the most recent progress report (PR) prior to the request (12/08/2014), the injured worker's subjective comments included a 100% relief of pain and stiffness in the post-procedural recovery phase after diagnostic medial branch blocks (12/04/2014). Objective findings included tenderness over the left lower lumbar facets; positive left-sided facet loading, and restricted and painful spine extension. Current diagnoses included chronic pain syndrome, chronic pain due to trauma, degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, and pathologic fracture of vertebrae. Diagnostic testing revealed: degenerative facet joints and mild stenosis at L4-L5, lumbar compression fractures at the L1 and L2 levels, and bulging disc without nerve root compression as confirmed by x-ray (07/2011), CT (07/2011) and MRI (12/2010 and 07/2011). Treatment to date has included conservative treatment, chiropractic treatments, medications, selective T12-L1 nerve root block (2012), epidural steroid injections (dates not provided), and diagnostic medial branch blocks at left L3-L5 (12/04/2014). The radiofrequency lesioning was requested for the treatment of lumbar pain and stiffness. Recent treatments included the diagnostic medial branch blocks and medications. The injured worker reported pain had decreased. There was no decrease in medications. Functional deficits and activities of daily living (ADLs) were unchanged. The injured worker's work status was permanent and stationary. Dependency on medical care was unchanged. On 12/18/2014, Utilization Review non-certified a request for radiofrequency lesioning at L3, L4 and L5 under fluoroscopy guidance, noting the

absence of clinical evidence to support a decrease in pain, decreased reliance on medications, and improvement in functioning and or ADLs. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency lesioning under fluoroscopy guidance, left L3, L4, L5 (qty: 3): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, 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 clinical documentation submitted for review indicated the injured worker had 100% relief of pain. However, there was a lack of documentation of objective functional improvement and the duration of pain relief. Given the above, the request for radiofrequency lesioning under fluoroscopic guidance, left L3, L4, and L5, quantity 3, is not medically necessary. Additionally, the request would need to be clarified, indicating if the request was for 3 separate injections, or for the 3 levels.