

Case Number:	CM14-0060365		
Date Assigned:	07/09/2014	Date of Injury:	05/11/2012
Decision Date:	03/05/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 37-year-old male who reported an injury on 05/11/2012. The mechanism of injury was a motor vehicle accident. His diagnoses include lumbosacral spondylosis. Past treatments were noted to include medications, medial branch block, and a facet injection. On 04/16/2014, it is noted the injured worker had pain in his low back, as well as pressure sensation. It was indicated that with his lumbar facet injection on 10/15/2013, he received 4 to 5 days of significant pain relief. It was also indicated that with the medial branch blocks performed on 03/04/2014, he also received significant pain relief, but "was very temporary." Upon physical examination, it was noted that the injured worker had decreased range of motion to his lumbar spine measuring extension at 10 degrees, flexion at 50 degrees, and bilateral lateral bending measuring 15 degrees. It was noted he had tenderness to palpation over the bilateral lower lumbar facets and pain with loading of these facet joints. Medications were noted to include Nabumetone, Relafen 500 mg, cyclobenzaprine 7.5 mg, Norco 10/325 mg, topiramate 25 mg, and Prilosec 20 mg. The treatment plan was noted to include radiofrequency ablation and medications. A request was received for BILATERAL PERMANENT LUMBAR FACET INJECTION (AKA RADIO FREQUENCY ABLATION) AT L3-4 AND L4-5 WITH FLUROSCOPIC GUIDANCE, IV SEDATION, as he had a "good response" to the medial branch block. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL PERMANENT LUMBAR FACET INJECTION (AKA RADIO FREQUENCY ABLATION) AT L3-4 AND L4-5 WITH FLUROSCOPIC GUIDANCE, IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: The request for BILATERAL PERMANENT LUMBAR FACET INJECTION (AKA RADIO FREQUENCY ABLATION) AT L3-4 AND L4-5 WITH FLUROSCOPIC GUIDANCE, IV SEDATION is not medically necessary. According to the California MTUS Guidelines, radiofrequency neurotomy of facet joint nerves to the lumbar spine reportedly produced mixed results, and should only be performed following appropriate assessment after medial branch diagnostic blocks are performed. More specifically, the Official Disability Guidelines state that the criteria of facet joint radiofrequency neurotomy is documentation of previous facet joint diagnostic blocks/medial branch blocks to diagnose facet joint pain and evidence of a formal plan of conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker received "significant pain relief" from the medial branch blocks on 03/04/2014; however, there is no documentation indicating a formal plan of conservative care in addition to the radiofrequency ablation. Consequently, the request is not supported by the evidence based guidelines. As such, the request for BILATERAL PERMANENT LUMBAR FACET INJECTION (AKA RADIO FREQUENCY ABLATION) AT L3-4 AND L4-5 WITH FLUROSCOPIC GUIDANCE, IV SEDATION is not medically necessary.