

Case Number:	CM15-0115620		
Date Assigned:	06/22/2015	Date of Injury:	09/12/2011
Decision Date:	08/18/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 52-year-old female who sustained an industrial injury on 9/12/11. The mechanism of injury was not documented. The 12/16/13 lumbar spine MRI impression documented severely desiccated L4/5 disc space with a mild 2-3 mm diffuse disc bulge and central annular tear. There was interval development of a new 8x10 mm synovial cyst associated with the right facet joint at L4/5 impinging on the right dorsolateral aspect of the thecal sac with marked compression of the budding right L5 nerve root sleeve. There was also compression of the budding left L5 nerve root sleeve as well as from ligamentum flavum thickening and facet hypertrophy. There was bilateral degenerative facet disease with small synovial joint effusions at this level as well. There were small incidental posterior extraspinal periarticular ganglion cysts associated with the caudal aspects of the L4/5 facet joints. There was a slightly more prominent of left extraforaminal disc protrusion at L3/4 abutting the extraforaminal left L3 nerve. There was a transitional L5 vertebral body with desiccation and minimal disc bulge of the transitional L5/S1 disc space. The injured worker had undergone left L4/5 and L5/S1 medial branch blocks on 6/12/14 with positive response documented for one week. Records indicated that she also underwent facet nerve denervation in June 2014 and did very well overall with an increase in activity and work tolerance, until a flare-up in early January 2015. The 4/14/15 treating physician report cited right leg numbness and sciatic symptoms returning and left sided facet pain. Physical exam documented antalgic gait, positive right straight leg raise, 5/5 lower extremity muscle strength, and full and painless thoracolumbar range of motion. The treating physician cited an emergence of radiating left pain on the right. The treatment plan

recommended a trial of a Medrol Dosepak and holding off on repeat epidural steroid injection and repeat facet nerve denervation. Authorization was requested on 5/21/15 for repeat lumbar facet denervation on the left at L4/5 and L5/S1, medical clearance to include history and physical, EKG, and labs. The 5/29/15 utilization review non-certified the request for repeat lumbar facet denervation on the left at L4/5 and L5/S1, and associated medical clearance to include history and physical, EKG, and labs as there was no documentation of any active care to be provided with this procedure and there was a lack of objective exam findings. The 6/9/15 treating physician report cited bilateral lumbar pain with stiff and guarded movements, and limited mobility. Progress report documented moderate generalized lumbar tenderness including over the facet joints, restricted and painful range of motion, severely restricted lumbar extension, antalgic gait, paraspinal muscle spasms, and normal lower extremity strength and deep tendon reflexes. The patient had experienced a severe flare/increased in her lower back pain consistent with her known facet arthropathy. She had denervation one year ago with dramatic improvement in pain and function lasting 11 months. Her exam was consistent with facet syndrome. She had failed to improve with medication, exercise, ice, or home therapy. Authorization was requested for repeat lumbar facet denervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 repeat lumbar facet denervation on the left at L4-L5 & L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic, Facet joint radiofrequency neurotomy).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50 percent 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. 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. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommend facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with low back and radicular right lower extremity pain. Clinical exam findings do not evidence possible provocative testing for facet mediated pain. There is imaging evidence of facet arthropathy at the L4/5 and L5/S1 levels, as well as nerve root compression. There is no detailed documentation of a planned conservative treatment program, although home therapy and exercise were reported. Therefore, this request is not medically necessary in this clinical setting.

1 medical clearance to include H&P: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p; Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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

Associated surgical service: EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

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

Associated surgical service: Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical systems Improvement (ICS): Preoperative evaluation: Bloomington(MN) 2006 Jul 33 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

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