

Case Number:	CM15-0126047		
Date Assigned:	07/10/2015	Date of Injury:	12/28/2013
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: California
Certification(s)/Specialty: Emergency 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 54-year-old male, who sustained an industrial injury on 12/28/2013. The injured worker was diagnosed as having lumbar radiculopathy and pain in joint, lower leg. Treatment to date has included diagnostics, left sacroiliac joint injection 6/2014, lumbar radiofrequency L3-4, L4-5, and L5-S1 in 1/2014, lumbar facet medial branch block L3-4, L4-5, and L5-S1 in 7/2013, transforaminal epidural steroid injection in 2/2013, physical therapy, home exercise, and medications. On 5/07/2015, the injured worker complains of increased low back pain, along with muscle spasms. He reported doing a home exercise program and taking medications only as prescribed. He reported that medication use reduced his pain and improved function. Pain was rated 6/10 with medication use and 10/10 without. Pain medications included Norco and Ibuprofen. Exam of the lumbar spine noted decreased range of motion, tenderness of the left paravertebral muscles, and positive Gaenslen's test. Motor exam was within normal limits and sensation was slightly decreased at the left L4. Ankle jerk was 0/4 bilaterally and patellar jerk was 1/4 bilaterally. He was awaiting left ankle surgery next month and was able to work full duty. The treatment plan included percutaneous facet joint denervation, bilateral L3-L4, 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:

Percutaneous facet joint denervation bilateral L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) ½ (updated 07/03/14), Radio-Frequency Ablation.

Decision rationale: The requested percutaneous facet joint denervation bilateral L3-L4, L4-L5 and L5-S1, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages 300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 07/03/14), Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medial branch blocks (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The injured worker has increased low back pain, along with muscle spasms. He reported doing a home exercise program and taking medications only as prescribed. He reported that medication use reduced his pain and improved function. Pain was rated 6/10 with medication use and 10/10 without. Pain medications included Norco and Ibuprofen. Exam of the lumbar spine noted decreased range of motion, tenderness of the left paravertebral muscles, and positive Gaenslen's test. Motor exam was within normal limits and sensation was slightly decreased at the left L4. Ankle jerk was 0/4 bilaterally and patellar jerk was 1/4 bilaterally. The treating physician has not documented the medical necessity for neurotomy at four levels as an outlier to referenced guideline recommendations of a maximum of two levels at a time. The criteria noted above not having been met, percutaneous facet joint denervation bilateral L3-L4, L4-L5 and L5-S1 are not medically necessary.