

Case Number:	CM15-0172233		
Date Assigned:	09/14/2015	Date of Injury:	04/26/2011
Decision Date:	10/20/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	09/01/2015

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, Hawaii

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 59 year old female who sustained an injury on 4-26-11. The pain management report (7-22-15) indicates she has lower back pain with spasms in her lower back and legs; constant and achy. She also has bilateral lower extremity pain and was unable to continue working. She states that chiropractic treatment was helpful but continues to have pain in her lower back, right shoulder that radiates to her mid-back and shoulder blade. The pain is described as throbbing, severe, constant and tingling in her legs. Medications include Norco 5-325 mg three times a day; Ibuprofen 800 mg as needed; Nortriptyline 25 mg; Tizanidine 4mg as needed for restless legs. Physical examination musculoskeletal was tender to palpate on bilateral facet level; decreased range of motion in lumbar extension; diminished to pin prick on lateral malleolus and medial malleolus compared to left; and motor bilateral lower extremity are 5,5 in strength. MRI from 8-4-11 without contrast impression showed mild lumbar levoscoliosis; degenerative disk disease throughout the lumbar spine, greatest and of severe degree at L2-3 and L3-4; minimal to very mild acquired spinal stenosis from L2-3 through L5-S; DJD of the right L2-3 and L3-4, the left and the bilateral L5-S1 facets with moderate narrowing of the right L2-3 and L3-4 and bilateral L5-S1 neural canals and moderate to moderately severe narrowing of the left L4-5 neural canal; minimal anterior wedging of L2. Diagnoses are facet arthropathy, lumbar; degeneration of lumbar intervertebral disc; bulge of lumbar disc without myelopathy. The treatment plan recommended bilateral L2, 3, 4, 5 lumbar RFA. Previous treatment also included lumbar facet arthropathy on 7-13-15. Current requested treatments: bilateral lumbar L2, 3, 4, 5 RFA. Utilization review 7-31-15 requested treatments are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar L2, 3, 4, 5 RFA: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, Facet joint radiofrequency neurotomy.

Decision rationale: The medical records indicate the patient has low back and bilateral leg pain. The current request for consideration is bilateral Lumbar L2, 3, 4, 5, radiofrequency ablation. According to the ODG, Facet joint radiofrequency ablation is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. The ODG provides criteria for use of facet joint radiofrequency ablation: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block. 2. Repeat procedures may be required, they should not occur at an interval of less than six months from the first procedure. 3. No more than 2 joint levels are to be performed at one time. In this case, the request is not consistent with ODG guidelines. The attending physician reports that the patient had more than a 50% reduction in her previous lumbar facet injection, but does not mention the spine levels injected. There is no information to determine if diagnostic blocks were ever utilized to specify the joint levels. The ODG guidelines are specific in stating that no more than two joint levels are to be performed at one time. The current request is not medically necessary.